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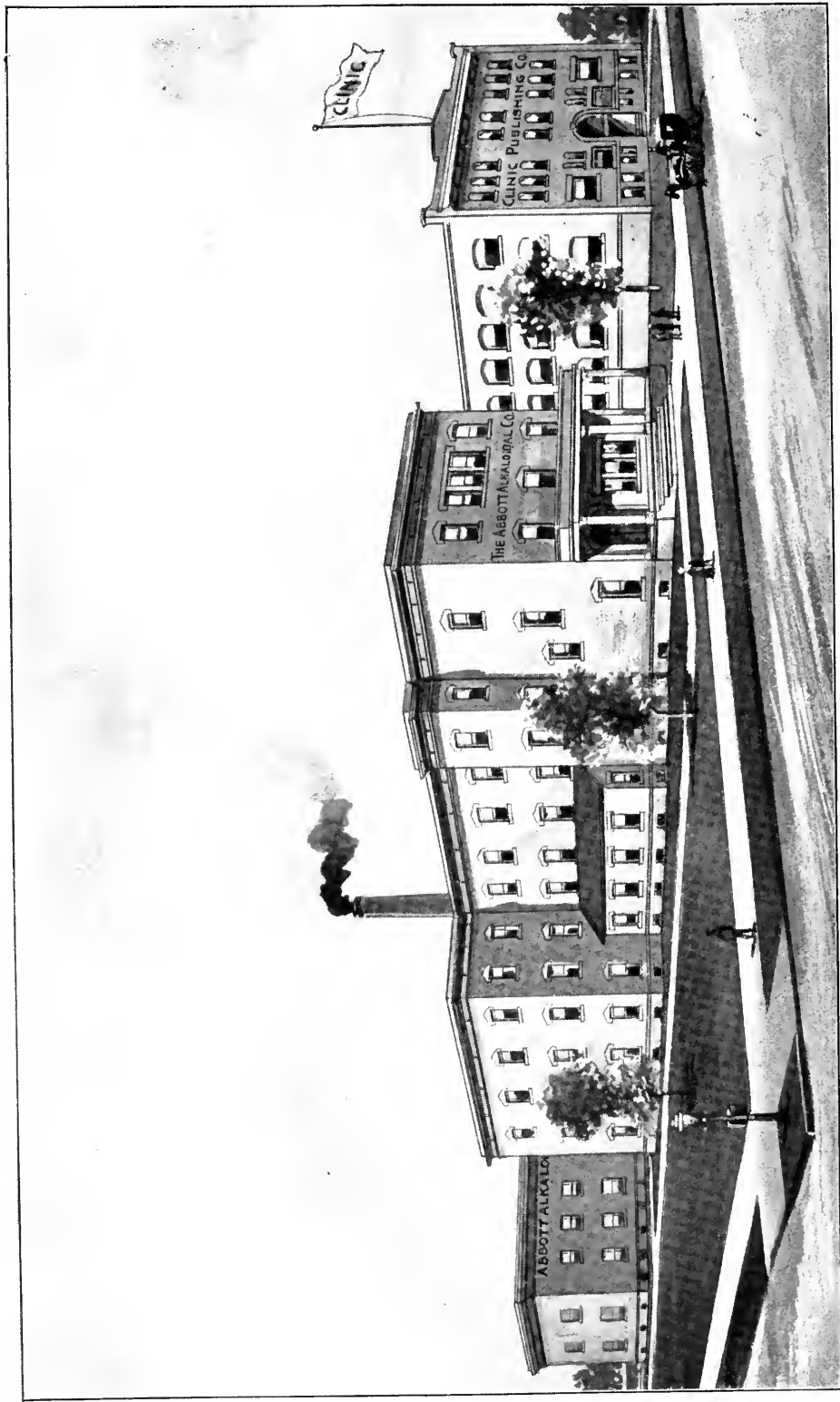
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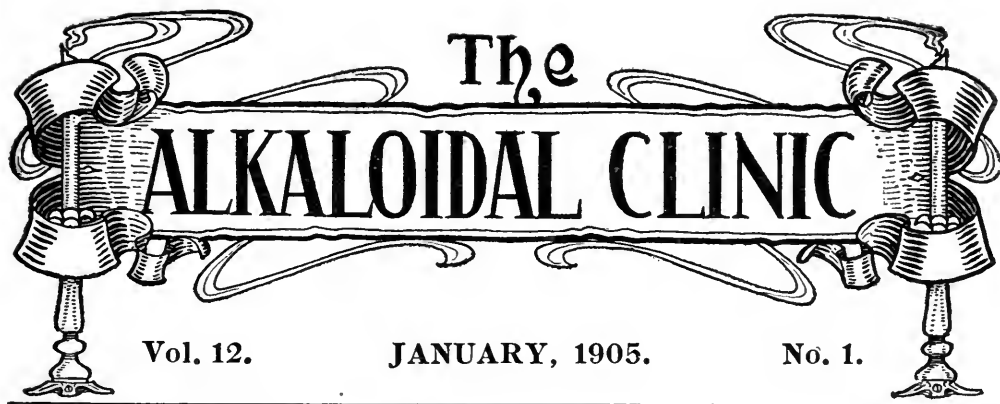
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HEPATIC INSUFFICIENCY; AUTOINFECTION—CAUSES, SYMPTOMS, TREATMENT.

THE ACTIVE PRINCIPLE OF BILE ISOLATED.

BY W. C. ABBOTT, M. D.

PART II—TREATMENT.

IF hepatic insufficiency is chiefly due to poisoning of the liver cells with various toxins, if these toxins are principally derived from the gastroenteric tract under the conditions outlined above, then five tasks of treatment at once become apparent, viz.:

1. To limit the ingestion of substances that either are toxic of themselves or that chiefly give rise to the formation of toxic degradation products in the bowel.
2. To prevent any abnormal putrefactive processes in the gastroenteric tract that may lead to the formation of these poisonous degradation products.
3. To prevent the absorption of these bodies from the bowel if they have been formed.
4. To destroy them as rapidly as possible if they are absorbed; or
5. To promote the most rapid elimination of those toxins that cannot be destroyed in the tissues after they are absorbed.

While all the toxins that can disorder the liver cells are not formed in the bowel but some, as set forth in previous paragraphs are also manufactured in the tissues proper (as in certain infections and in certain obscure metabolic disorders) the same sequence of treatment must be adopted in order to neutralize their effects; the difference between the two classes of toxins considered as poisoners of the liver cells lies merely in the path by which they reach these cells, the bowel-poisons traveling by way of the portal vein and its liver capillaries, the tissue-poisons by way of the capillaries of the hepatic artery and the lymph-channels of the liver.

All this treatment, the details of which are to be given below, may be considered *causal*. In addition it is possible, as I will have occasion to show, to directly stimulate the liver cells when they become insufficient and in this way to aid them in assuming their normal function.

Finally many of the remote consequences of hepatic insufficiency call for *symptomatic* treatment. This applies in particular to disorders of the kidneys, of the heart and arteries and of the nervous system; for the renal, the cardio-vascular and the nervous apparatus, it appears, bear the brunt of the general intoxication that follows inadequacy of the liver function. A discussion of these remote consequences of hepatic insufficiency and of their treatment will lead us in later articles to speak of some of the newer ideas concerning the nature and the treatment of arteriosclerosis, Bright's disease and an important trinity of metabolic diseases (that are in part based on neurosial disorders), viz.: *diabetes*, the *uric-acid diathesis* and *obesity*.

1. *The elimination of toxic or toxicogenic* substances from the diet.* Chief among these substances are *alcoholic beverages*; I intentionally say alcoholic beverages and not alcohol because the latter, so far as the liver cells are concerned is probably the least injurious ingredient of the former. Pure ethyl-alcohol, if taken in the dilution of ordinary alcoholic liquors, would never exercise the deleterious effects upon the organism as a whole and the liver in particular that we know liqueurs, cordials, cocktails, many wines and malted liquors, and many of the cheaper brands of whisky and gin to exercise. Ethyl-alcohol, i. e. the alcohol found chiefly in pure wines, is the least toxic of the whole group of alcohols; all the higher members of the alcohol series that are found in nearly every cheap spirituous beverage are infinitely more toxic; in addition these beverages contain very poisonous alde-

hydes—the latter bestowing the so-called flavor, aroma, "bouquet," to wines and other liquors—besides the aromatic oils of most cordials and cocktails, of gin, of absinthe (that contains no less than nine poisonous essences!) which are very injurious to the liver cells. Alcoholism, therefore, cannot be considered as ethyl-alcohol poisoning, but as a very complex form of chronic intoxication, the ethyl-alcohol, as such, affecting principally the heart, the arteries and the higher nervous centers; the various higher alcohols, aldehydes and the essential oils affecting principally the cells of the liver. Alcoholic beverages should, therefore, be rigidly excluded from the dietary of a sufferer from hepatic insufficiency.

To the category of liver irritants belong also most of the *spices* and *condiments*, flavoring *sauces* and most forms of *cheese*; all these articles should therefore be avoided because they contain poisons, preformed, that irritate the hepatic cells.

In selecting a diet for a case of liver insufficiency care should be exercised to exclude as much as possible *fats*, for the latter are poorly assimilated when the bile secretion—as a result of the hepatic disorder—is abnormal; they consequently remain in the bowel and rapidly undergo abnormal decomposition with the production of highly irritating and highly poisonous splitting products, chief among them glycerin and a variety of fatty acids; the latter are particularly harmful as they reduce the alkalinity of the bowel contents and hence interfere with pancreatic digestion. On a fat diet the toxicity of the urine always increases in liver patients.

Meats as we know contain many poisonous bodies; their use should therefore

*Toxicogenic, poison producing.



Excess of milk is removed with the breast pump; in this way the tension within the gland may be kept down.

If areas of tenderness develop in the breast be prepared to treat infection; look out for red spots.

be limited, and much care should be bestowed upon the selection of the kind of meat and the mode of preparation. Thus, it is known that raw, rare, cured and smoked meats of any kind contain a variety of highly poisonous, so-called extractives that can cause irritation of the liver, high blood pressure and nephritis; such meats, therefore, should be excluded. For the same reason, i. e., because they contain these extractives, meat extracts, meat gravies, bouillons, broths, etc., should be forbidden. All tainted meats, "high" game, etc., contain certain alkaloids that are very toxic, and should not be eaten.

A restriction of the amount of meat is always advisable in liver patients for the reason chiefly that the bowel always contains abnormal putrefactive bacteria that are normally held in check by the germicidal action of the bile but that can pullulate unhindered when the bile flow is decreased or the character of the bile is changed as in hepatic insufficiency. Even under normal circumstances meat forms certain degradation products in the bowel, so-called peptotoxins or ptoma-peptones that are intensely poisonous when introduced into the circulation; when everything is well with the liver these bodies are arrested or disintoxicated in the liver cells and the organism is protected; when the hepatic cells become insufficient they not only favor the formation of an abnormally large quantity of peptotoxin in the bowel, owing to their inability to manufacture the proper kind and the proper quantity of bile, but they also become unable to arrest the large quantities formed, and hence allow self-intoxication of the organism. Meat, therefore, should be reduced.

The kind of meat is not so important

as one was formerly inclined to believe; the difference as regards harmfulness between red and white, or dark and light meats is largely theoretical. The prejudice against dark meats is very widely disseminated but I have never been able to convince myself that it is more or less harmful than light meat, nor do I find any valid evidence in the literature to induce me to exclude it from the bill of fare of my liver patients. The old empiric prohibition of red meats is borne out by experimental research and clinical investigation as outlined above in speaking of the toxicity of the meat extractives that red meats contain. The preparation of the meat is important; it should be well cooked, i. e., boiled or broiled, but neither fried nor roasted, for if prepared in the latter way it is more apt to retain poisonous extractives; it is moreover not so digestible.

The necessary albumen may, therefore, be supplied chiefly from vegetables, eggs, milk and a sparing amount of meat. If meat is completely excluded from the diet, and I see no compelling reason for doing this if the above restrictions are observed, care must be taken that a proper amount of albumen is given in the form of one of the other articles enumerated above; for unless the organism receives a definite amount of albumen (not less than 100 grams in the twenty-four hours) it must consume its own tissues.

Milk is always a useful addition to the diet, for it is quite inoffensive, it supplies a certain amount of necessary albumen in place of the meat albumen and it seems to reduce intestinal putrefaction as manifested in a reduction of the urinary toxicity. I warn however, against the exclusive milk diet that at one time was



Never attempt to massage or otherwise manipulate an infected breast; there is danger of disseminating the germs.

Remember that phytolaccin is highly recommended in commencing infections of the breast; try it in these cases.

so fashionable as a panacea for all digestive, hepatic and renal disorders. The patients cannot tolerate it without serious detriment to their digestion, their cardiovascular apparatus and their general nutrition. I will have more to say about this important point in a latter chapter.

The sugars and starches of the food should be administered in abundant quantity in hepatic insufficiency; for in the first place, they are neither toxic in any way, nor do they lead to the formation of poisonous products in the bowels; in the second place, they must be considered distinct stimulants of the hepatic cells, so that they are useful when liver function is depressed, in the third place, they are highly nutritive and furnish much caloric energy and, lastly, they increase the function of the eliminating organs. Too much of carbohydrate food is of course dangerous, for a starchy and sweet diet, as is well known, favors gastroenteric gaseous fermentation, meteorism, constipation and above all fatty infiltration of the liver.

To summarize, therefore, a case of hepatic insufficiency should receive a

mixed diet, consisting largely of vegetables, bread stuffs, cereals, etc., with meat not more than once a day and selected, as to kind and preparation, as outlined above, with plenty of eggs and milk, with as little fat as possible, and with no spices, condiments or alcoholic beverages. That personal idiosyncrasies of taste and appetite, certain individual requirements, should be included in the calculation when selecting a diet for a sufferer from liver insufficiency need hardly be emphasized; that above all, especially in chronic cases, the patient should receive enough of each of the three essential food constituents, i. e., the albumens, carbohydrates and fats or fat-derivatives to insure adequate maintenance of the general nutrition need not be expressly mentioned, for, unless this rule is vigorously observed, all the manifold complications of underfeeding and malnutrition are bound to develop sooner or later and the patient far from being benefited by the dietetic regulations and restrictions imposed upon him is literally slowly starved to death.

Chicago, Illinois.



NEGLECTED TRAUMATISMS OF THE TESTICLE.

BY G. FRANK LYDSTON, M. D.

Professor of Genito-Urinary Surgery and Syphilology, University of Illinois; Attending Surgeon St. Mary's and Samaritan Hospitals.

IN view of the probably intimate etiological relation sustained by traumatisms of the various tissues and organs to infections of various kinds, and to malignant degeneration, it is surprising that more attention is not paid to testicle traumatisms. One of the most frequent results of traumatisms of the testicle of greater or less severity is

chronic inflammation with effusion. This is usually designated by the omnibus nomenclature of hydrocele.

The fact that hydrocele is in probably all instances a purely symptomatic result of testicular or cord disease is not appreciated by the profession at large so fully as it should be. This inappreciation is due in part to the fact that the



With very great distention, when milk does not start it may be necessary to use hot applications first.

Heinrich Stern proposes a "yolk cure" for the acetonuria of diabetes. Patient lives largely on yolks of eggs.—*Am. Med.*

general practitioner, at least, is overshadowed by the old idea that simple hydrocele was an inexplicable accident, due, as the older pathologists expressed it, to "a lack of balance between secretion and absorption." Why it should have been supposed that effusions into the tunica vaginalis were essentially different, so far as the main principles of their etiology and pathology were concerned, from effusions into other serous or synovial sacs is difficult to understand.

Careful study of supposedly simple hydrocele usually reveals different pathologic conditions of the epididymis, testis, or of the tunica vaginalis itself. In quite a large proportion of cases the pathologic condition that gives rise to the serous effusion is found to be chronic inflammation of the epididymis. So far as my own experience enables me to form an opinion, I feel justified in stating that the epididymis is at fault in nearly all cases, whether the effusion be due to simple inflammation or to specific infection. It is often at fault in cases of unequivocal malignant disease of the testis.

On opening the so-called simple hydroceles, one of two conditions is usually found, namely: (1) The testicle is soft and atrophied, with an apparently normal epididymis; or (2) the epididymis is thickened and indurated, and perhaps nodular. In some cases the nodular and thickened condition of the epididymis is the result of healed or at least latent tuberculosis. In others the tuberculosis is active but incipient.

In cases in which the epididymis is apparently normal, and the testis atrophied and soft, there is often thickening of the tunica vaginalis, sometimes presenting evidences of an old hematocele of the sac,

in the form of broken-down blood. Old inflammation is often evidenced by the presence of more or less recent lymph exudate. Where the sac is not greatly thickened, and the testis is apparently normal, save for a greater or less degree of atrophy, one who is ignorant of the etiologic relation of acute inflammation to persistent chronic serous effusion would be likely to be willing to accept the old absurd explanation of a loss of balance between secretion and absorption.

Careful inquiry will usually elicit in the cases of so-called simple hydrocele a history of more or less remote traumatism. This traumatism may have been sustained very early in life, and may have been so slight as to attract little or no attention at the time. Following such injuries, however, subacute inflammation, or inflammation of an exceedingly chronic type, attended by effusion, may occur. The slight swelling of the testis or epididymis primarily produced by the traumatism often subsides, leaving an unhealthy state of the tunica vaginalis, with resulting hypersecretion. As the secretion goes on increasing in quantity, the nutrition of the testis is disturbed by the pressure and a greater or less degree of atrophy results.

In a very definite proportion of the cases of tuberculosis of the testis the history of injury, recent or remote, may be obtained. In some cases in which testicle tuberculosis occurs as a complication of pulmonary or general tuberculosis, the determining factor, so far as the testis is concerned, is traumatism of greater or less severity. Careful investigation of the history of such cases will, I think, substantiate this statement.

The frequency with which malignant disease of the testis occurs as a conse-



There were 8,360 deaths from pneumonia in New York City the first six months of this year; 5,763 in same period of 1903.

Pneumonia is less prevalent and less fatal in Chicago this year than last; mortality of November very low.

quence of traumatism, especially in young subjects, is not given the attention it deserves. It is perhaps not too strong a statement that in a certain proportion of the cases of malignant disease of the testis following traumatism proper surgical attention instituted immediately might have obviated the subsequent malignant disease. It is, of course, admitted that the individual factor in the development of malignant disease following traumatism of the testis is the most important feature of the etiology, yet it is probable that proper immediate attention, involving especially the enforcement of prolonged rest, might be prophylactically effective in some instances by avoiding prolonged irritation following the traumatism.

It is well understood that the relation of the factor of long-continued irritation in the etiology of malignant disease is a very important one. Effusions into the tunica vaginalis, whether of blood or serum, or both, should not be allowed to become chronic. There is practically no danger, under modern aseptic and antiseptic precautions, in early operation in such cases, early operation implying incision and drainage of the tunica vaginalis or, where the latter structure is badly diseased, its complete excision. I am confident that in doubtful cases the latter practice is best. I have in mind several interesting cases among a large number which have come under my observation that bear directly upon the foregoing points.

CASE 1. A young man of thirty had sustained a traumatism of the testis at the age of fifteen. This resulted in a slight hydrocele, with a moderate, painful thickening of the epididymis. This condition had remained stationary for

many years. The patient developed what was supposed to be typhoid fever—at least such was the diagnosis made by his attending physician. He did not convalesce normally after the so-called typhoid, and some six weeks later developed what had the physical appearances of acute epididymitis of the right testis, with more or less acute effusion, and a symmetrical enlargement of the epididymis. There was no venereal history that would account for the condition, and after a careful study of the case for two weeks, I pronounced it tuberculosis and suggested operation.

The operation was deferred for four weeks. About the fifth week a spot of softening appeared, and an abscess of considerable size developed. Seven weeks after the onset of the trouble I removed the organ and found it the seat of extensive tuberculosis. That the diagnosis of typhoid in this case was fallacious is probable, for shortly after the operation tubercle bacilli were found in the sputum, and as a slight cough without expectoration had persisted through the attack of so-called typhoid fever, and had continued during supposed convalescence, the logical inference is that instead of typhoid fever the patient had suffered from acute miliary tuberculosis of the lungs. It is probable, however, that the testicular complication was superinduced by the already diseased condition of the testis.

CASE 2. Young man, eighteen years of age, sustained, while horseback riding, an injury of the right testis. Considerable inflammation, attended by marked swelling, resulted. This was diagnosed orchitis, but the patient was confined to bed only for a few days. The swelling did not disappear, but increased



Various preparations of phytolacca are used externally in mastitis; an ointment may be made with a concentration of the fluid extract.

Some physicians have used the fresh leaves of the phytolacca as a local application in mastitis.

slowly, and three months later I removed the affected organ. It was found to be the seat of a tumor, which histologically corresponded to chondrosarcoma. It is now two years since the operation, and no recurrence has taken place.

In this case it is probable that if incision and drainage of the tunica vaginalis had been instituted, prolonged irritation following the traumatism would have been obviated and it is reasonable to suspect that avoiding this chronic irritation of the testis might have prevented the subsequent malignant change in the organ.

Chronic inflammation of the epididymis due to simple or specific infection from the posterior urethra is a frequent cause of so-called simple hydrocele. That the acute or subacute inflammation resulting from such infections is attended by effusion is well recognized. That this effusion may only partly subside, or having entirely subsided may be succeeded by chronic irritation of the tunica vaginalis, with a subsequent slowly developing chronic effusion, is not always appreciated. Syphilitic gumma of the testis or epididymis is occasionally attended by effusion into the tunica vaginalis. Both the foregoing conditions may be superinduced by traumatism.

CONCLUSIONS.

1. Neglected traumatisms of the testis are often responsible for the subsequent development of (a) hydrocele; (b) tuberculosis; (c) malignant disease of the testis.

2. So-called simple hydrocele is probably always due to some pathologic change in the cord, testis or epididymis.

3. Evidences of the pathologic process which originally caused the effusion may have disappeared by the time the case is operated upon.

4. The presence of effusion in the tunica vaginalis impairs the integrity of the testis, even where there are no evidences of any pathologic condition aside from what is apparently simple chronic effusion.

5. Simple chronic inflammations of the tunica vaginalis and epididymis are often the predisposing factors in the development of tubercular invasion.

6. Early operation in apparently simple effusions and inflammatory conditions of the testis should be oftener performed.

7. Serious subsequent disease following traumatism of the testis may be abated by (a) rest and proper local applications, or (b) where the effusion does not promptly subside, by incision and drainage of the tunica vaginalis.

Chicago, Illinois.



A BRIEF STUDY OF THE COMPARATIVE ACTION OF BELLADONNA, GELSEMIUM AND ERGOT.

BY FINLEY ELLINGWOOD, M. D.

AT no time in the history of medicine has there been such a general demand for exact therapeutics as at the present time. The physi-

cians of all schools are throwing aside the barriers of prejudice, and are each looking into the methods and literature of others, in order to learn what is the



If it is necessary to dry up the milk remember that secretion ceases if nursing is stopped; act accordingly.

In ordinary cases it is often only necessary to bandage the breasts tightly and keep them empty with pump to arrest secretion.

best for the relief of their patients. Direct therapeutics is certainly a correct principle, and that there is such a principle, is demonstrated now, in the daily practice of more than thirty thousand physicians. Alkaloidal therapeutics is demonstrating this principle daily.

In the direct study of the action of the three remedies, named in the title of this article, it has been determined that each acts upon the central nervous system in a manner peculiar to itself. Those who are familiar with the action of these remedies, and are using them daily, are enabled to select the one which is specifically indicated, almost intuitively.

The action of belladonna is almost diametrically opposite that of gelsemium. The middle ground between them is a wide one, and while I shall here consider ergot in that field, there are other remedies that materially assist in modifying conditions that exist between the action of the two remedies named. I shall refer particularly to stramonium, between ergot and gelsemium, and Calabar bean between ergot and belladonna.

Belladonna is invariable in its influence in antagonizing local blood stasis. In acute cases, its influence is so positive, so certain, and so reliable, that its use should not be neglected. The specific symptoms which closely demand the action of belladonna, are those in which the mind is dull, the patient inclined to be stupid, the eyes dull, and the pupils dilated more or less. The skin is cool, although there may be a temperature of from two to six degrees above normal. The extremities may be actually cold, and even with high temperature the patient complains of much chilliness, especially when the bed clothes are moved.

This distinct train of symptoms, it will be seen, is the farthest extreme from those in which gelsemium is indicated. With this remedy, the eyes are bright, the face is flushed and hot, the skin hot, the patient excitable, nervous, restless, the pupils are contracted and there may be muscular twitchings, every evidence of nerve irritability and extreme excitability. It will be seen at once that both of these conditions might be present at some time during the progress of the same disease.

In the treatment of nervous disorders, and inflammations of the brain or spinal cord, or their meninges, we have almost constant use for one or the other of these remedies, but the indications for auxiliary remedies, are marked also, and we may have neither extreme. In the first stage of meningitis, there may be the extreme excitement which indicates gelsemium. These indications may be quickly allayed, by the use of the remedy, and yet positive medication may be needed. If there is still some nervous excitability, with the active tendency to determination of the blood to the nerve centers, choice may be made between stramonium and hyoscyamus to assist gelsemium. If the extreme brightness of the eye is allayed, with the contracted pupil, and yet there is wild, restless delirium, hyoscyamus will be selected. If the excitable and restless delirium is not present, especially if the pupils are now dilated, as will often be the case, and yet the other congestive phenomena which demand belladonna are absent, stramonium will be selected.

While belladonna overcomes blood stasis, it stimulates the action of the heart and the nerve centers at the same time, and positively promotes a free general



Remember that atropine has a specific action upon the secretion of milk; usually used locally.

As a local application a solution of atropine, four grains to the ounce may be kept in contact with the breast.

capillary circulation, thus normally equalizing the general circulation of the blood. If disease germs, or irritating causes are present in any organ, which would determine inflammation of that organ, the influence of belladonna to keep the blood circulating equally in all parts of the body, and to prevent congestion in that organ, either of an acute or chronic character, will thus act materially in preventing the development and progress of the inflammation in the organ.

The important place belladonna fills in preventing the development of acute inflammatory disease can be seen at once. In my earlier practice, when I did not consider the theory as much as I do now, I would add a few drops of the tincture of belladonna as routine treatment to all other remedies used in the treatment of acute inflammatory disease which was characterized by local determination of blood, and I am confident that I obtained even better results in many cases than I do now when I omit it on theoretical grounds.

Following the indications first named for this remedy in the treatment of acute cerebrospinal inflammation, the stimulating properties of the remedy are demanded, the more extreme are the symptoms. The wider the contrast between the coldness of the skin and the elevation of the temperature of the body, the more perfectly this remedy will act. In the first stage of the disease, there is only fulness of blood to determine the dullness and stupor. Later on, there are deposits, and the results of inflammatory products to contend with, which detract from the value of this remedy. Perhaps twenty-four hours of administration of

belladonna, or even less, will overcome the extreme brain symptoms, the skin will become warmer, the circulation will become equalized, the heart's action will become stronger and improvement will be apparent, but not sufficient. Ergot can then be well supplied for belladonna. The influence of this remedy in contracting the capillaries of the brain and spinal cord, is even more active, more positive than belladonna, but it lacks the stimulating properties of the latter remedy. Now we have gotten beyond the necessity of the stimulation and yet need the contracting properties of a remedy. Ergot is therefore, very satisfactorily given.

This remedy has an influence upon the circulation of the skin, which tends to blood stasis, and inactivity. It is therefore not given in the cold stage, but may be administered freely, when the skin becomes warm and the circulation in these capillaries is free and active. If these conditions obtain and the patient is still in a deep stupor, this condition may be relieved by the addition of a bromide. If the tongue of the patient be red, the mucous membranes of the mouth dark, and sordes on the teeth, the mouth dry, indicating suppression of secretions, an acid is demanded, and in this case, in conjunction with ergot, the hydrobromic acid is a most superior remedy, and may be given for a short time in fifteen or twenty minim doses with most happy results.

Ergot should not be given in large doses, for its influence upon the cerebrospinal circulation. From two to four minims, every one or two hours for an adult, will be sufficient. For a child of four years, one half to one minim will be sufficient every hour.



Official belladonna ointment is much used as a local application to arrest secretion of milk; better use atropine in ointment.

Camphorated oil is a simple application to dry up the milk in ordinary cases; but fairly tight bandage the best.

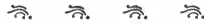
This agent will soon exercise all its beneficial influences and if the products of the inflammation are deposited, and the evidence of such deposit is pronounced, it should then be discontinued, and some stimulating remedy given. At this juncture, the tincture of Calabar bean has a very specific influence. It takes up the work where ergot left off. It promotes absorption, but imperfectly, however, and if the inflammatory symptoms are still active, it can be combined or alternated with bryonia at this stage, in a most satisfactory manner.

It will thus be seen from these few remarks that the consideration of the exact influence of each of the remedies named, and the determination of the exact conditions present, are very important in this disorder or in the treatment of this class of disorders. I am positive in my opinion that there is no excuse at

the present time, for any physician practicing medicine in any other than the exact manner, described thus briefly in this article; and this method, can be adapted to the treatment of all conditions and to the application of all remedies. It is certainly our duty to study into and acquire the underlying and essential principles of such a method.

When I have mentioned the fluid preparations in the above remarks alkaloids can be applied with the same certainty for the same indications. I am convinced, although I have not had the experience in their use that many of my readers have had. Our specific medicines are so superior to other galenicals that we depend upon them often when we would otherwise be obliged to use the alkaloids to obtain exact results.

Chicago, Illinois.



EMERGENCY THERAPEUTICS IN GENERAL PRACTICE.

BY GEORGE F. BUTLER, M. D.

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THE older clinicians deemed it necessary to make three diagnoses: (1) The nosologic, which referred to the type of the disease; (2) the etiologic which referred to its causation; and (3) the therapeutic diagnosis, which referred to the indications for its treatment. That the nosologic element in diagnosis did not apply merely to the features of the disease which gave indications for treatment, was fully recognized. The etiologic pathology was likewise recognized, but was not considered as entirely dominating treatment. This last error has run

through all germ pathology and all so-called specific medications and as a result of it the human organism has been regarded as a unity, not as belonging to a compound animal in which health consists in the maintenance of balance between different and, to some extent, combating organs and functions.

Every so-called specific disease has non-specific results. While the consequences of certain germs vary, those of their toxins are practically the same, and indeed do not differ from the consequences of the toxic products of nerve action whether these be psychic, motor,



Remember that a large flow of milk is often seen in weak, anemic women; keep this in mind in post-obstetric work.

If pus forms in the breast always open the abscess and drain; this breast must be placed on the "waiting list."

or sensory. Belief in the specific characteristics of germs is entirely too strong. While there are certain germs limited in nosologic results, there are others limited only by the region in which their action is exerted. The *bacillus coli communis* causes urethritis when localized in the urethra, or vaginitis in the vagina; what is practically cerebrospinal fever in the spinal canal, pneumonia in the lungs and pleuritis in the pleural cavity, as well as simulacra of other diseases when it makes its seat elsewhere. Therefore, in dealing even with germ diseases, the results produced must be taken in account rather than the specific factors. This is still more emphatically the case in the non-specific disorders. The diagnosis, therefore, from a therapeutic standpoint, implies other factors than the mere primary cause or than the mere disease type. This is true not only of the results of disease, of the toxic product of germs, of the auto-toxic products of the body, but likewise of the poison.

When all is said and done, the question of physiologic antidotes turns on the period of the poisoning not upon the character of the poison. While atropine, for example, is a physiologic antidote of morphine, and *vice versa*, still there comes a period in the action of either poison when the so-called physiologic antidote becomes an accelerant rather than a neutralizer of the poison it is given to render harmless. The question of poison treatment here turns on the results, thus indicating the necessity for therapeutic diagnosis.

When coma, for instance, seems imminent, the possibility of stimulating a reflex, so as to start the nervous mechanism, naturally occurs to one. While

there is apparent general death, some of the local nerve mechanisms remain unaffected. It is possible where there has not been destruction of the associating mechanism to rouse, first, the great ganglia and then the cerebrospinal system by exciting the still acting local reflex.

Opium coma, nephritic coma and the coma of thrombosis have all been removed by stimulus given the ano-genital reflex through the rectum. The same is true of anesthetic syncope. The use of capsicum for this purpose has been recognized for over thirty years. Cases of recovery from opium coma and the other types described, as well as from anesthetic syncope through its use are exceedingly frequent in the literature.

The procedure does not require a complex apparatus. The capsicum can simply be poured into the rectum, in most cases in the form of the tincture. The influence of this principle is more widely spread than would at first seem probable, because of the resistance of the ano-genital reflex to influences destructive of general consciousness. Nephritic, diabetic and jaundice coma and the allied states, require however, something more than the mere temporary arousal of consciousness since these states are not mere exhaustion from a single dose of poison, but are due to poisons which are continually renewed and which, as a consequence of the disease, fail of proper elimination.

In diabetic coma and many comas which appear in connection with skull or other traumatism, acetonemic and acidotic states occur which give therapeutic indications, first for neutralization of the poison and second for its elimination. These conditions may be



In draining an abscess of the breast be sure that you reach every "pocket;" a deep incision may be necessary.

If the secretion of milk is deficient remember that nursing is the best "tonic;" put child to breast often.

preceded by a low degree of acidity of the urine or may be accompanied by these conditions, while at the same time sugar acids and acetone are present. The great antidote to this condition is sodium bicarbonate given in milk or water, despite the polyuria, the bladder irritability and the coexistent mental nausea. Under it polyuria diminishes as well as the other symptoms.

The principle is very simple; medullary irritation has increased the secretion of urine, but decreased the excretory powers of the kidney. When this condition is brought under control the volume of fluid should be diverted from the kidneys to the intestines and this can be done with effect by the employment of hydragogue eliminants, such as elaterin, apocynin, asclepidin and the allied vegetable remedies. These should be guarded by heart stimulants and nerve sedatives like apocodeine muriate, this opium derivative having a nerve sedative, a heart stimulant and laxative action.

When the comatose condition, the acid blood state and the non-elimination element are removed, cardiac and respiratory stimulants come into play. Among these, strychnine, given on the cumulative principle, beginning with a small dose, is peculiarly efficacious. Every one of these states is regarded as peculiarly fatal and yet every one has yielded brilliantly to treatment of the type described when it has been carried out on the principles outlined. Only too frequently the patient dies from the fatality of the "label," the dreaded *name* given to his morbid state, rather than from the condition produced by the disease itself.

The slughtness of the label, the appar-



ent insignificance of the disease, in many other cases causes fatal neglect. There is a condition produced by mental or other shock in young girls around the menstrual period which manifests itself in an apparent menorrhagia, a nervous adynamia with cardiac and other irregularities, with insomnia, with nervous erethism, labeled hysteria, and with great resultant restlessness. The menorrhagia may be a hemorrhage from the uterus, not a menstrual phenomenon, a grave expression of general vasomotor disturbance. Here the indications are (1) to control the hemorrhage whose serious nature is too often neglected and (2) to quiet the heart's action and the general restlessness. The first of these indications is best attained by adrenal extract applied both to the uterus and to the nasal mucosa overlying the turbinated bones, whether there be epistaxis or not; the last is met by camphor monobromate and cicutine.

While these states are fatal in themselves in some instances, more often they are the underlying elements of fatal psychoses like grave delirium or typhomania. In many, a peculiarly destructive factor is the nymphomania which crops up from the general erethism. This should be looked up as of serious prognostic significance. In many cases serious nervous heart disturbances occur, of the same type as the pseudo-anginas of hysteria and neurasthenia.

These conditions often lead up to true angina pectoris. In the states described they are a source of serious danger to life and reason. In them agents like amyl nitrite or nitroglycerin are of a peculiar value, despite the coexistence of hemorrhage, since they produce a cardiac tone that relieves the local conges-

When mother's milk is deficient do not let the child starve; give supplemental feeding as needed.

Give to the mother with a deficient supply of milk an abundance of liquid; feed well with nutritious food.

tion producing the hemorrhages. In these cases the diagnosis of hysteria is often made with fatal results because the fact that the hysteria is an evidence of real disease is not recognized. The grave convulsive attacks of hysteria in these states, while peculiarly fatal, are, of these states, typical and therefore the dangerous condition which underlies them is likely to be ignored. Given all the adynamia described, together with the pseudo-anginas, and the occurrence of grave hysteria in the form of convulsions adds a peculiarly ominous factor and one which demands attention. Do not forget that the erethism is peculiarly apt to provoke the convulsive phenomena.

In these cases the observations made by Sir Thomas Watson half a century ago, are peculiarly applicable: "When, after the most careful investigation of the case, you still doubt, it will be right either to pause, or to treat it upon the most unfavorable supposition. The consequences of suffering acute inflammation to go on unchecked would be far worse than the temporarily slight remediable injury to the system which might result from one applying the remedies of inflammation to a case of mere hysteria. There is another hazard, also, of which you must be aware and seek to avoid: that of overlooking real disease, when it is mixed with and masked by hysterical symptoms. Hysterical edema is one of these mimicries of serious organic states."

The various edemas constitute emergencies which are too often neglected, because they are considered merely as symptoms and because also, the gravity of the prognosis tends to obscure their remediable nature. Edemas are an ex-

pression of interference with the circulation aided by a mixture of malassimilation, imperfect elimination and various autotoxic products as well as germ toxins. Very excellent effects are obtained by adapting remedies to meet indications arising from these factors. The hydragogues, guarded by heart stimulants, not only relieve the general circulation but likewise relieve the kidney and the liver strain due to absorption of the products of intestinal fermentation. The appearance of indican in the urine is a good index. That indican exerts an irritant effect on the kidney at times, is evident from the coexistence, temporarily, of casts and albumin with it. That polyuria resultant on this interferes with proper renal elimination is also evident and that interference with the renal elimination strains the poison-destroying function of the liver, is equally apparent. The therapeutic indications here, are to remove the indican strain on the kidneys, thereby aiding their proper eliminative powers. Through this the strain on the poison-destroying function of the liver is lessened, whereby this organ has increased facility for its sanguifactive powers.

Behind much of so-called pernicious anemia lies this renal and hepatic strain whose removal will end the destruction of blood elements, where there is not malignant disease of the blood corpuscle itself. The notorious value of even ill-directed catharsis in pernicious anemia is a most significant indication in this direction. Hydragogue catharsis best meets these indications. Six decades ago it was, when aided by restorative diuretics, regarded with justice as a most successful treatment. The great diuretic for this



Milk and cream are suitable foods for the nursing mother whose milk supply is deficient; give an abundance.

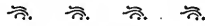
The malt extracts are extremely valuable stimulants to the flow of milk; try these in your next case.

purpose was the liquor ammoniæ et ferri acetatis, or Basham's mixture. This pleasant preparation alone is peculiarly efficacious in these states, but is remarkably beneficial when aided by the hydragogues described.

I have called attention briefly to some of the indications to be met in emer-

gency medicine, not so much with the purpose of outlining treatment as to suggest it. The field is a wide one and too little tilled, but if the principles are seized and applied the results will often be surprising even in many apparently desperate conditions.

Chicago, Illinois.



CAN PNEUMONIA BE ABORTED?

BY JOHN M. SHALLER, M. D.

THE prevention of disease should be the chief aim of the physician.

As this very evidently has not been accomplished, there remains one overlooked and generally non-recognized duty in connection with the treatment of acute pneumonia, or of all acute inflammatory diseases. This stands second to prevention, and, certainly first in medical treatment, namely, jugulation or abortion.

As pneumonia is not preventable, the next best thing is to abort it. Osler says that pneumonia is a self-limited disease. It is with regret that the writer cannot produce a clinical teacher equally great or one who can even approximately approach this talented man to affirm the contrary. Nevertheless, we humbly start out with the positive assertion, that pneumonia can be aborted.

Male, aged 26 years, cook, was seen for the first time two hours after having had a chill. Temperature 101° F., pulse 96; respiration 22; slight cough, dyspnea, soreness throughout chest; headache and dry irritating cough. Treatment: One granule of amorphous aconitine, gr. 1-134, to be given every half hour.

Six hours later the temperature was

102° F., pulse 106, respiration 30. Amorphous aconitine continued as before. Crepitation slight, sputum tough. Eight hours later the temperature was 103½° F., pulse 130, respiration 36; slight dullness and crepitation marked over the lower lobe of the right lung; sputum rusty. Aconitine, two granules, was continued every half hour, with directions to take but one every hour if fever declined. Twelve hours later the temperature was 99.5° F., pulse 90, respiration 20. One aconitine granule every hour.

The patient was free from fever within thirty-six hours after the chill and out of bed on the third day and remained well. This is the usual result when aconitine is used early in the treatment of all acute inflammatory diseases, particularly in children.

It is not necessary to wait until positive diagnostic signs manifest themselves in order to begin active treatment. A congestion exists somewhere. When it can plainly be seen that an inflammatory disease is starting and is in its congestive period, clearly manifesting itself by an array of symptoms perfectly familiar to the physician as belonging to a class which always precedes these acute in-



Pilocarpine is a remedy which has been strongly recommended in these cases; it is a powerful glandular stimulant.

Galega officinalis is another remedy that has a well-recognized value in agalactia; a good proprietary preparation may be had.

flammatory diseases, he is surely justified in saying that, if not checked, an inflammation must follow. Right here is the place to interfere and make an effort to check it, to prevent its fruition, to prevent the congestion from passing into inflammation.

Don't wait until the inflammation is established. It is then too late to check or to abort it. No matter into what disease these prodromes are likely to merge, they are sufficient to indicate approach of acute inflammation and therefore should be actively treated with amorphous aconitine, with the very reasonable hope of aborting the trouble within twenty-four hours. If seen later the chances of aborting pneumonia are lessened because solid inflammatory products of red hepatisation cannot be removed as easily as the watery exudate of the congestive period.

It is generally conceded that the congestive period of pneumonia, or of any inflammatory disease, may exist from several hours up to about forty-eight before complete exudation results. So long as congestion exists, the chances of reducing it, and consequently preventing inflammation, are good. If every case of acute pneumonia could be actively treated with amorphous aconitine within twenty-four hours after the very first symptom was manifested, very few cases would pass beyond the congestive period.

The time to regulate acute inflammatory disease is while it is forming, while there is congestion. Acute, active inflammatory congestion is easily managed, provided it is recognized and then actively treated with the view of breaking it up.

Fortunately, in adults, pneumonia begins in about 80 per cent of the cases,

with a distinct rigor, which, as a rule, clearly puts its stamp upon the disease. If rigor is produced by some other disease, there are usually symptoms by which a diagnosis may be made. In pneumonia, when rigor thus suddenly sets in, there are no concomitant, positive symptoms; as a rule, there are not likely to be any that will confirm the diagnosis of pneumonia for twenty-four or more hours. There is fever, quickened pulse and respiration, headache, muscular pains, chest pains, thirst, all following the chill, but no positive sign of pneumonia, such as crepitation, rusty sputum, or solidification. Yet here is an array of symptoms which show positively that an inflammation is beginning, somewhere.

Take those cases in which there is no chill, the above symptoms with probably nausea or nervous symptoms, predominate. The prodromes of inflammatory disease are still clearly marked, but the diagnosis, or even suspicion of pneumonia has less to recommend it than when the rigor is present. The symptoms above mentioned, excepting probably the rigor, may be the beginning of pleurisy, bronchitis, pharyngitis, tonsillitis, or influenza, without presenting characteristic symptoms on which to make a positive diagnosis.

It is not always possible to diagnose or anticipate pneumonia or any of the acute inflammatory diseases during the first twenty-four hours of the formative or congestive period. But it can be stated positively that congestion is present somewhere if headache, vomiting, nausea, muscular pains, fever, quickened pulse and respiration set in, when one has previously been well. Pneumonia is such a severe disease that the physician



Do not draw the lines too closely on the nursing woman's diet; the main thing is digestibility and sufficient fluid.

Acids are not necessarily contraindicated during lactation; fresh fruits and vegetables may be just what she needs.

should so train himself as to anticipate it, for much can thus be saved.

Every acutely congested lung does not become pneumonic, and it cannot in many cases where abortive means are tried. The stage of engorgement is not acute pneumonia. It is only the beginning. With cessation of the crepitant rale inflammation is established. Until the crepitant rale ceases, there is a possibility of turning the tide of congestion, of relieving it and of preventing completely its further advancement.

Upon the first sign of congestion, whether a positive diagnosis can be made or not, particularly if pneumonia is suspected as likely to occur, active treatment must be commenced at once. Valuable time is lost by waiting until the disease is established. Remember, a congestion from the very nature of it, is much more easily handled than an inflammation. Therefore, treat the congestion with the belief that it must yield to proper means. Reduce the congestion and inflammation cannot follow.

Get rid of the unfortunately, deep-rooted idea that, if an inflammatory disease, as pneumonia, once begins, it must run its course. This is as absolutely false as it is dangerous to the patient. Diseases can be aborted if physicians will but make the effort. They will not abort themselves.

With the first array of symptoms that point to inflammatory congestion, give amorphous aconitine. For over fifteen years the writer has used the dosimetric granules and has had no personal knowledge of other kinds. They have always proved satisfactory, reliable and of uniform strength, producing uniform results. The alkaloid is prepared in gran-

ules which contain 1-134 grain of amorphous aconitine.

The adult dose is one granule every half hour if temperature is 103° F. or less; if temperature is 104° F. two granules every half hour.

For children give one granule for each year of the child's age, together with one additional granule, dissolved in twenty-four teaspoonfuls of water.

For children of three years, four granules; one year, two granules; under one year, one granule in twenty-four teaspoonfuls of water.

For temperature of 103° F., one teaspoonful every one-half hour. If temperature is 104 or 105° F., one teaspoonful every fifteen minutes. The more active the fever, the more frequently should the dose be given until some improvement is manifest or physiological effects produced.

In doses above given there is no depression so long as there is fever to combat. When there is no fever, stop giving the medicine. As fever declines, or if there is marked improvement in such symptoms as pain, restlessness, flushed face, or rapid breathing, the time interval should be lengthened. Instead of giving the dose every fifteen minutes, give it every half hour or every hour or every two hours.

The thermometer is the best guide and, as fever declines, extend the time interval. When the temperature is reduced below 100° F., a dose may be given every two hours. When fever reaches the normal, it rarely starts up again, unless from sepsis. Aconitine is of no value in sepsis.

The pulse generally declines before the temperature falls. It becomes slower, fuller and reaches normal while there is



It is not what the woman eats so much as the formation in the intestine of fermentation products which affects the child.

As tonics which aid in a proper secretion of milk, you may give arsenic, iron and strychnine—triple arsenates.

still fever. When amorphous aconitine is used as above, in the beginning of febrile attacks, the pulse never becomes rapid and weak.

One of the greatest errors in regard to aconitine is that it is poisonous and unsafe, too depressing to be used internally. It is used by thousands of physicians daily who abort acute inflammatory diseases and who do not get depressing effects therefrom. The reason why they do not get depressing effects is because the proper dose is used and it is given in the beginning of acute diseases.

The rule is: *Small doses frequently repeated until desired results are produced; then gradually withdraw the medicine.*

Another reason is, a known quantity of the staple alkaloid is used and in such doses as have stood the test for many years.

Under no circumstances would the writer use the tincture of aconite, because it is impossible to know how much of the alkaloid it contains; but he does use the amorphous aconitine for infants, without hesitation or fear.

Amorphous aconitine renders its very best service in the congestive stage of all acute inflammatory diseases including zymotic ones. If it does not always abort it lessens the severity of the attack and its duration. In doing this much it prevents complications, sequelæ and death, in proportion to its power to either entirely dissipate congestion or in preventing further advance of beginning actual inflammation.

Until something is given us to prevent pneumonia, every physician should direct his best thought along the lines of aborting so dangerous a disease, dan-

gerous not only as regards immediate life, but because so many pneumonic cases, simply because they had pneumonia, become tubercular.

We know absolutely and positively that amorphous aconitine will abort many cases of pneumonia as well as many acute febrile diseases. It is worth the while of every physician to make the attempt. Success must follow. Success cannot follow if the effort is not made. Do not try to break up an established pneumonia. It can't be done. But the beginning can be aborted.

Usually twenty-four hours' use of aconitine in small and frequently-repeated doses, will abort pneumonia during its first stage, that is, it will clear up all symptoms that precede red hepatization.

No matter who says pneumonia is a self-limited disease and must run its course, or that aconitine is too powerful a poison and uncertain in its action, if physicians will use amorphous aconitine in the beginning of acute pneumonia, pleurisy, bronchitis, peritonitis, as above indicated, they will surely abort the disease without harm to the patient.

It is said that pneumonia will get well of itself. Well let us see. In Chicago in 1903 there were 4,630 deaths from pneumonia. In the first eight months of 1904 there were 3,153. For six months prior to May 1, 1904, there were 9,460 deaths from pneumonia in New York. Besides these deaths how many crippled lungs there must be. How many become tubercular.

Every physician who is using amorphous aconitine to abort pneumonia, actually shudders at these figures and results. He knows that, taken in the be-



Massage and electricity have both been found of use in the treatment of agalactia; use interrupted current, one pole to breast.

Remember that infection of the breast comes through cracked or fissured nipple in most cases.

ginning, a large percentage could have been aborted.

It has been said that, if fever is slight during congestion, it does no harm of itself and it is folly to treat it. The object is not to treat fever alone. Aconitine is not given solely because there is fever, but because there is congestion, which, if permitted to go unmolested, passes into inflammation.

Active treatment is instituted to dispel the congestion, to divert blood from the threatened area and send it to other parts of the body. Amorphous aconitine absolutely and positively relieves acute inflammatory congestions by reducing lung and heart action, by increasing all the secretions, by opening up or relieving the contracted arterioles, which then fill the general capillaries with blood. The distribution of blood is thus equalized and the congested area is relieved, drained of its blood.

It seems reasonable that if acute congestion is relieved, or, if only its severity is diminished, the subsequent condition of the patient cannot be so severe as if the disease had been allowed to run its course. The damage to the tissues cannot be so great. Even if the patient is first seen in the second stage, and is in a sthenic condition, pulse strong, face flushed, aconitine is the medicine. It may be given for days.

If, however, the pulse does not improve within twenty-four hours, but becomes rapid, withdraw the medicine.

Never give aconitine in asthenic conditions. Never give it when the pulse is feeble, but give caffeine, strychnine and nitroglycerin, hypodermically if necessary.

If aconitine is used to abort pneumonia and should fail to produce the desired

effect within forty-eight hours from the initial symptoms, it may be continued as long as fever is active, provided, the pulse is good. Digitalin, strychnine, are the remedies when the pulse is feeble and rapid. If mental depression or delirium exist with high fever, cold bathing or ice packs must be used.

Digitalin and strychnine must be given in as large doses as can be well borne in severe cases. If the pulse becomes feeble, collapse impending, hypodermic injections of 5 to 10 grains of caffeine, and glonoin, gr. 1-50, should be given.

The pneumonia of drunkards is perhaps our worst form. At the onset, say within twenty-four hours after the rigor or other first symptom, if the pulse is fairly good, aconitine with strychnine and digitalin may be used every half hour. If the pulse, instead of becoming fuller and slower, becomes rapid within twelve to twenty-four hours, withdraw the aconitine but continue the strychnia and digitalin in large doses with caffeine and nitroglycerin.

In all cases, but particularly in drunkards whose alimentary canals are always in a bad septic condition, unload the bowels by means of some saline cathartic. The writer prefers the saline laxative, an effervescent seidlitz powder. This not only unloads the bowel of its decomposing fecal matter, the gases of which by themselves produce fever, but it freshens and re-establishes the secretions which very greatly promote rapid absorption of medicines.

From now on, let physicians, at least think more about the feasibility of aborting pneumonia and other acute inflammatory diseases. Because it has been believed and is now generally believed that



Keep nipples in a healthy state during the nursing period; wash with boric acid solution; keep soft with lanoline.

If the nipples become sore use a nipple shield until the fissured areas become well; scrupulous cleanliness of course.

all diseases run their courses, this does not make it a fact. Particularly not when thousands of physicians are doing

it today, and when you yourself may do it, by trying.
Denver, Colorado.



WHAT IS QUACKERY?

BY WILLIAM F. WAUGH, M. D.

IN the Book that has for twenty centuries formed the basis of the civilization of the Christian world, is a reference to the wise king, who sits down to consider if with ten thousand men he is able to withstand him who comes against him with twenty thousand. At the present time when the assaults on our lines are more fierce and determined than ever before it behooves us to wisely consider our means of defense. Who is our foe? What are his resources? What are our own forces, and what are our weak points? The sustenance and comfort of our families lie in the answers. Few of us, indeed, but have felt the effects of quackish competition in the way of a diminished income and a loss of influence in the community.

Who is the foe?

Eliminate at the start every thought of a school squabble. We speak not of regulars and irregulars, of allopath, homeopath, eclectic or any other sectarian divisions, but take the field for the legalized practitioner of medicine, who practices as his conscience directs, as is his individual right. Every quarrel among legal practitioners strengthens the hands of our common enemies and confirms their assertion that we are narrow and bigoted. As we will see, the public assent to this proposition is one of the strongest weapons in the hands of the quack. But who is the quack?



If the nipples become infected touch the areas with nitrate of silver or with pure carbolic acid followed by alcohol.

Webster says a quack is an ignorant pretender to medical knowledge. Foster and Dunglison say a quack is a charlatan, and define the latter as an irregular practitioner, or a legal one who employs vulgar methods of obtaining practice, such as advertisements.

It seems unfortunate that we are therefore unable to say that a quack is a man who practices medicine dishonestly. For a regularly and legally qualified man may advertise, and give his patients good value for their money; yet he is a quack. On the other hand a man may perform unnecessary surgical operations, fake laparotomies, nurse ulcers and wounds, undermine brother practitioners and steal their patients, cater to the baser appetites of patients and make them narcotics addicts, but he is strictly regular so long as he does not advertise. He may even give out lengthy interviews in the newspapers, telling of his superhuman skill, of the "delicate" operations he does and the costly apparatus in his office; but this is not "advertising."

Law obtains the support of the public solely from the belief that it—law—is synonymous with justice. As that principle is weakened by our multi-millionaires they destroy the foundation on which is built the ownership of their fortunes, the value of individual property. When the public is called to choose between an honest advertising quack

Remember that the interests of the mother as well as the child may require the interruption of lactation.

and a dishonest physician within the pale, the distinction becomes in the public view scholastic, antiquated, and meaningless at the present day. It really alienates public confidence and arouses a sense of resentment, as it confirms the cry of the quack that he is persecuted for availing himself of his legal rights in letting the sick learn of his existence and qualifications in the only way possible. The day will never come in America when this appeal will fail to arouse the sympathy of the masses. It is in harmony with the public's sense of right and wrong, with our political institutions, and with the general trend of sentiment. We will never succeed in engrafting upon the public the belief in a scholastic definition, one that establishes a technical wrong on the guiltless, and decorates rascality with the wreath of purity, until we have first implanted in the human heart the belief that altruism is a mistake and the law of selfishness the true measure of human actions.

Is dishonest greed right? Is the altruist a fool?

The quacks we have to dread, as they take from us by unprofessional competition portions of our patronage and income, are the advertising doctor, the prescribing druggist, the pharmaceutical manufacturer who aids the latter by sampling ministers and teachers in the druggist's interest, and also advertises his goods to the laity, and the countless brood of suggestive practitioners who under various names, and generally under the cloak of religion, steal away the people's confidence from us. They were named—a few of them—in a preceding paper, and need not be again enumerated.

Their resources are great. Patronizing the press, they have its all-powerful influence arrayed on their side. Availing themselves of the unfortunate hiatus between ethics and equity to which we have alluded, they saddle upon us charges to which we have no adequate defense. In any legal contest, therefore, they carry the sympathy of the public with them to such an extent that it is difficult to secure a conviction when there is not even a doubt, reasonable or unreasonable, of their infraction of the law. They have an unlimited number from which to beguile, and if ninety-five per cent of those they reach are too keen to be gulled, they reap a rich harvest from the remaining five per cent. It is this rather than their supposititious knowledge of human nature, though this may indeed be great, that makes their business profitable. They carry on their work as a business, though availing themselves of the traditional conception the public has of the attitude of the professional man toward it—the public rarely realizes that the quack's dealings are conducted with it on a commercial plane—to make as big a profit out of the patient as possible, not to advise him for the patient's best interests. Their dealings are usually cash in advance, instead of the indefinite credit with no security system. Failures to cure or to keep promises do no harm as the patients are too widely scattered to hear of them. The therapeutic value of the remedies exploited has but little to do with the success of the quack; one of them told the writer it was all in the way the remedy was advertised. Nevertheless the whole body of quacks is apparently aware that sixty-six men and ninety-six



When the quantity or quality of the mother's milk constantly fails, in spite of treatment, it is better to wean.

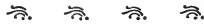
Remember that septic infection of the mammary gland is always a contraindication to nursing.

women out of a hundred respectively, feel better after a physic, and act upon this principle.

We thus find a professional man with professional instincts and methods arrayed against a business man, with capital and skill in using it, and yet availing himself of the professional cloak to get

a vantage ground from which to attack the purse of the patient. The odds are great and the contest unfair. But we are not so hopelessly overmatched, and have advantages on our own side that if rightly utilized will enable us to hold our own.

Chicago, Illinois.



THE JUGULATION OF INFECTIOUS MALADIES.*

BY DR. MARTY.

WHEN at the International Congress of Alkaloidotherapy in 1900, I presented my work on "Fever and its Dosimetric Treatment," I declared before the members of the Congress that it was possible to obtain the jugulation of infectious maladies, not merely of febrile gastric embarrassments, inoffensive pulmonary congestions or various erythemas, but of maladies well verified by their clinical symptoms, serum and bacteriologic diagnoses, all the world did not agree with me. Many members, simply curious or not yet knowing sufficiently all the works published by the dosimetric school during the preceding twenty years, exclaimed against an effect so considerable from our alkaloidal granules. This word, jugulation, appeared to them altogether excessive, almost a boastful presumption. Nevertheless, daily experience can give the physician, clearsighted or attentive, clinical cases capable of demonstrating that one does not claim too much in affirming that with the granules well handled one can either prevent the explosion of a malady, or arrest it in its evolution;

provided the nervous system has not suffered too much damage through the wear caused by the high temperatures of the febrile cycle.

Many cases have been published illustrating this fact, and to these our own will be added, proving by repetition that dosimetry is one, and that in all parts of the world treatment instituted in like manner for patients having similar affections will give identical results.

The dominant remedy will remain always the same, whoever the patient, with the same malady. The variant differs according to the age, temperament, diathesis and symptoms. The method of administering the remedies should be the *microbradydosique*, to use an expression of Legrix, by which should be treated acute or chronic cases.

CASE I. At Villefranche-de-Lauragais there was an epidemic of typhoid fever with numerous deaths. A child had died some months previously in the family to which I was called. The young Mme. B—— was confined to bed as well as a girl aged two and one-half years; the lady suffering for ten days. After a period of lassitude and general malaise, increasing, she had taken to her bed with

*Translated from *La Dosimetrie*, June, 1901.



Delker has a prescription in the *Therapeutic Review* which gives him success in syphilis. Only eleven ingredients!

For vomiting in phthisis Pegurier of Nice recommends chloroform, menthol, hydrogen peroxide and small pieces of ice.

an intense headache and a diarrhea that weakened her much. Her face pale, dark circles around the eyes, skin hot, dry and burning, denoted a general infectious malady. The tongue was saburral, the fever rising to 40.2° C. at 6 p.m. The spleen was increased in size and appreciable to the touch; some rose spots were upon the abdomen; with gurgling in the right iliac fossa, and more than ten stools a day. These symptoms induced the diagnosis of typhoid fever, in the second stage, that of stationary (or uniform) oscillations of the daily febrile movement.

The treatment consisted in:

1. Milk as diet or light bouillon every two hours.

2. Every morning a dessertspoonful of saline laxative (seidlitz salt).

3. Every hour a dosimetric triad granule—aconitine, digitalin and strychnine arsenate—and one granule each of iodoform, calcium sulphide and helenin; all taken together.

4. Three times a day an intestinal lavage with an irrigator, with boiled boric acid solution, having added a teaspoonful of powdered charcoal.

5. Every two hours a cachet containing bismuth salicylate and benzo-naphthol, 30 centigrams each.

6. For the thirst, lemonade prepared with boiled water.

The following day at the same hour the patient was in a satisfactory state, for a single day's medication made with exactitude punctual; temperature 39.3° C., stools abundant, the general infection diminished as shown by the tongue less red. The urine was still dark, headache had prevented sleep, and alimentation was poor as the patient had an unquarable aversion to milk. The patient

was reasoned with and some methods of administering this nutrient *par excellence* were mentioned. Treatment continued except in sleep.

Third day: A glance showed evident improvement; a better night, some hours' sleep, had dissipated the headache; stools about every three hours with less odor; the volume of the spleen less; temperature 38.4° C.; tongue better and dotted with red papillæ. Treatment: The same granules, two lavements a day; plenty of milk which the patient now took, alternated with bouillon; same cachets. Her sleep was not to be interrupted.

Fourth day: Temperature, 37.8° C., spleen almost normal size, not so easily palpated. All indicated that the attack was arrested in its evolution—that is, jugulated. Treatment: The same granules, but the triad only every two hours; cachets every three hours, two lavements daily, same diet.

Fifth day: Temperature, morning, 37.2° C., evening, 37.4° C. Enlargement of spleen subsided, bowel still slightly tender to palpation, almost no gurgling on the right. Treatment: Same regime except yolks of eggs with the milk and bouillon.

Eighth day: Convalescence evident; no fever since last visit; two normal stools in twenty-four hours. Stopped lavages, triads and cachets. Iodoform, calcium sulphide and helenin every two hours. Soups and soft eggs.

Eleventh day: Convalescence continues, but the patient is weak. Stopped the granules; enriched diet with brains, eggs, crackers and claret; quassin and strychnine arsenate three granules each at each meal; morning and evening two granules sodium cacodylate.



Regin suggests powder containing orthoform, menthol, boric acid and milk sugar for dysphagia of sore throat.

Red oxide of mercury, gr. 12, in $\frac{1}{2}$ ounce each of petrolatum and cold cream, for styes; first clean with boric acid sol.—Bjorkman.

Fifteenth day: The patient complained of the stomach, nausea for two days without vomiting but fatiguing her. Stopped claret, moderated diet, and the use of white meats which had been commenced; same general treatment; every half-hour a granule of cocaine hydrochlorate to tranquilize the stomach.

Twenty-third day: The last visit was made, the patient directed to live simply and take strychnine arsenate, quassin and sodium cacodylate, at each meal until completely restored. Here is a typhoid jugulated by the dosimetric method, thanks to the triad and associated granules, denominated necrophytic.

A curious incident occurred: At one of the last visits I was asked to see a young girl, who had fever so ardent that she had passed a part of the night in delirium. The same treatment was given as for the patient, with lotions of vinegar renewed every two hours. The treatment was begun at once and followed with scrupulous exactitude; the fever subsided, the threatening symptoms disappeared, and the patient recovered.

Mme. B——'s child was also attacked with typhoid fever. The stools were frequent, the abdomen ballooned, temperature 40.6° C., the child's humor execrable and almost insupportable (girl). The treatment could not be supplied with the same exactitude as with the mother. Feeding was difficult, the lavage was done conscientiously, a potion of bismuth salicylate disguised the granules of brucine, iodoform, calcium sulphide and helenin; but spite of difficulties the stools became fewer, the fever departed and convalescence commenced. But here a complication awaited us; the child who had coughed some days had accesses of cough with laryngeal spasm

so strong that she remained without respiration, cyanosed, until the rejection of sticky, glairy masses, that had to be removed from the mouth and throat. Auscultation revealed a bronchial congestion with an infectious pertussal element. Treatment: Emetic, repeated at need, to clear the bronchi; blister to the back of the right chest; every three hours a compound granule of emetine, iodoform and codeine.

March 28. Doing well; rhume tending to disappear, paroxysms of cough more and more rare; urinated with difficulty. Treatment: Two or three of the compound granules above mentioned daily; adding to each dose a granule of hyoscyamine.

April 1. Up for the first time. Same treatment.

April 13. For some days the paroxysms have been stronger, causing vomiting of glair and dirt, then losing breath; otherwise doing well; cough worse at night; pertussis prevailed in the neighborhood. Treatment: Every three hours one granule each of hyoscyamine and calcium sulphide, two of camphor monobromide.

April 7. Paroxysms further apart, four or five in the day and as many at night; less mucus vomited though she spit some; the spasms the same; bowels act well but despite the lavage the stools offensive; this followed the use of hyoscyamine given for the urinary difficulty and the whooping-cough.

Treatment: Every hour one granule calcium sulphide and two of camphor monobromide; every two hours one granule of hyoscyamine, to be stopped or given less frequently when the face reddened.



Coste (*Bull. Gen. de Therapeutique*) recommends bromide of nickel for epilepsy; give either in pill or syrup.

Liepolt (*Berliner Klin. Wochenschr.*) finds hyoscine hydrobromate a splendid remedy in motor unrest of insane and alcoholic delirium.

April 10. Much better; paroxysms shorter and less frequent, two or three a day; the child would have been cured but each time it had to take medicine it got in such a rage that it brought on a paroxysm, so that the mother only gives it after the cough, which is not enough. Treatment continued; to go in the open air much, regular lavage.

April 14. Diarrhea has ceased; hyoscyamine stopped; at each paroxysm the child vomits glair; spasms milder, the legs weak. Treatment: Brucine, a granule four times a day; very exactly, continue every hour till the paroxysms are completely suppressed; two granules camphor monobromide and one of calcium sulphide, together.

April 22. The mother writes that the medicine has been given with rigorous exactitude; and the pertussis has disappeared. The child walks better but with some fear when unsupported.

CONCLUSIONS.

It may be clearly seen that it is possible to jugulate, that is to arrest in its evolution, typhoid fever, before it has produced in the economy, through the influence of the fever or of its toxins, the ominous effects we know, and which too often result in death.

The association of iodoform, helenin and calcium sulphide constitute the dominant of the treatment, with saline laxative.

The dosimetric triad is the principal variant. Others are necessary to combat symptoms requiring separate treatment, such as—

For adynamia: strychnine, caffeine and quinine arsenates.

To augment the defervescent effect: veratrine.

For agitation, insomnia and muscular tremor: hyoscyamine, morphine hydrobromate, cicutine hydrobromate.

For hemorrhages: ergotin, quinine hydroferrocyanate.

To elevate the appetite or the forces: quassin, sodium arsenate, sodium cacodylate.

To clear out the large intestine and disinfect it: saline laxative, intestinal lavage, with powdered charcoal.

Secondly, one may see the necessity to obtain a cure of giving exactly, by small doses, the alkaloids to effect. Had they been given to the child as regularly as to the other, the whooping-cough would not have been as severe, for when the remedies were given with care the malady disappeared.

Dosimetry repudiates massive doses but demands doses sufficient to produce the effects that may be expected. Patients must be penetrated with this idea, and when they have absorbed it, they are astonished at the results the granule gives. Thus, hyoscyamine after having vanquished the urinary spasm, allowed the child to urinate freely; besides, it aided in preventing the laryngeal spasms and by relaxing the muscular fibers of the intestine, it corrected the derangement—an effect we know and employ to dissipate certain constipations of spasmodic origin.

Finally, we find a case of jugulation of whooping-cough, after the method very clearly explained by Le Grix in *La Dosimetrie*, 1897, p. 103 and following; a work that should be considered the last word on a question so important and so debated; one that without success for the "allopath" has aroused so many theories and diverse medications.

Toulouse, France.



Large (*Cleveland Med. Jour.*) considers ethyl chloride a simple, safe and pleasant general anesthetic.

Lactagol is the name of a new preparation introduced by Brink (*Deutsch. Med. Woch.*) to increase flow of milk, cotton extract.

Editorial Chat

WHERE WE STAND.

IT'S a poor sort of a man who, looking back over the past year, does not see wherein he has done wrong, might have done better, and make himself a little promise that he will try to do better in the year to come. What if he usually fails to live up to the full measure of the reform he lays down for himself—he is all the better for having made the effort. As for us, we unhesitatingly say that we might have done a great deal better. We tried hard, but this year we are going to try harder to live “the strenuous life,” fighting for the truth as we see it.

And we want it distinctly understood that we have our hand clenched into a knotty fist for the forces of uncertainty, dishonesty and fraud, while our very soul is committed to do our level best, to do better work along the line of our earnest convictions, on the basis of which we commit ourselves unreservedly to do our utmost for the good and welfare of the medical and pharmaceutic professions, and through them for the good of humanity, as long as we both shall live.

We Believe:

1. In giving every man a square deal—doctor, druggist and manufacturer, and the laity as well.

2. In definite, uniform remedies; remedies always the same, and acting with certainty just one way; just what the doctor wants, whether single or combined, public or proprietary, always specified and never substituted.

3. That the quack, whether a substi-

tuting, just-as-good-as-and-cheaper druggist, or a doctor—God save the mark—deceiving the people by claiming to do what cannot be done—should be so branded and be shunned of men.

4. That the manufacturer who (a) having first “worked” the doctor, goes to the laity on his good-natured recommendation; or (b) who goes straight to them *ab initio*, deluding the people with false statements, is unworthy the respect of the profession or of the medical press, and should be denied the support of both.

5. That he who for gain makes or prescribes rum-remedies or dope-drugs, and seeks to foist them on the innocent people under the guise of useful remedies, is pointing straight to hell, and ought to be kicked off the brink if he will not reform.

We are making a fight for the right of the doctor to do his own prescribing. We are urging him to be independent, to so study his cases and his remedies that he may prescribe them accurately, not because *magister dixit*, but because the doctor himself sees that these are the remedies needed. We are thus trying to make of him a better doctor, one worthily filling the honorable place of a doctor of medicine.

There is a set of manufacturers who insist that the doctor shall be little but a medium for the distribution of their ready-made prescriptions, “good-for-rheumatism,” etc., prescribed by them and foisted on the doctor with an effrontery that blinds his eyes against

their impudence. With this we cannot agree, and this habit on the part of the doctor we most positively decry.

Now just wait and hear them "howl" that we are asking the doctor to buy *our* remedies. Just as if we owned or monopolized the active principles! Great Scott, Doctor! buy where you like, only that you know what you want and get it; and don't let a sneer at our motives turn you away from the question, as to the truth of the advice we are giving.

Take a look at your medical journals. There are plenty of them that will not be bullied by the threat of withholding advertisements into taking the monopolists' views of this matter, standing for and not against the best interests of the profession; but "there are others." Which are you supporting? Those that stand for the elevation of the medical profession or those that favor the making it a nickel-in-the-slot machine to make fortunes for themselves?

We say: Study your cases; study your remedies; study the action of remedies on the patient. Is that commercial?

Know what is wrong, know what will right it, know how to do it, get the right thing, and do it. Is that commercialism?

They say: Use "antirheum" for rheumatism; "anticough" for cough; "antithis" and "antithat," for each affection. Is that science?

If the one be "commercialism" we are commercial; if the other be "science" we are not scientific.

Judge for yourselves.

The CLINIC has made some enemies—but not one that it is not glad to welcome among the ranks of its enemies.

The CLINIC is no man's enemy. If it is compelled to oppose the interest of any

man, it is because it sees he is wrong and wants to convince him of this. There is room on this earth for every one of its inhabitants and their interests do not really clash, they may seem to, at times, because men will persist in getting into wrong ways and may have to be clubbed back into the road to paradise.

If it is up to us to do the clubbing, we will not shirk our duty; and if the clubbed has a conscience he will have no doubt as to being clubbed, no misunderstanding as to why he is clubbed, and no question as to the clubber!



WHEN THE DOCTOR IS MOST NEEDED—BUT SELDOM CALLED.

It is a strange fact but a very serious one, that the average physician serves the healthy human once and once only—at his birth. There, even, his duties are divided between the healthy infant and the quasi-sick mother. Once he has tied the cord and seen that the child's functions are working normally he turns that human loose and seldom, if ever, takes him under his care again unless he be diseased.

This is wrong, radically, fundamentally wrong! The male child needs the attention of the physician at puberty, just as much as does his sister. The change from a practically sexless being into a man or woman is no slight transition; at this period every fiber of the human frame is affected and, more important still, now, if ever, is moulded the mentality which will make of each particular individual a scourge, a burden or a blessing to the race at large.



There is a fine paper in the *Lancet-Clinic*, by Larkin, on "Some Therapeutic Needs." Get a copy and read it.

The Arlington Chemical Company has just published a handsome little book showing how the doctor's office should be furnished.

At the onset of puberty the physiological thrill which stirs every 'healthy human being is undeniably sexual—not bestial but a true God-given sexuality, the mating instinct. Sexual impulse, normal and under control, is without question the very keynote of life; but sexuality, abnormal, begotten of a diseased mentality, is the *fons et origo* of nearly everything that is evil, disgusting and destructive. At puberty vast areas of brain tissue are called into activity for the first time and if there is vitiation of the genital zone there must be resultant disturbances of the entire cerebral structures. So great is the disturbance that *hebephrenia*, or the insanity of pubescence, is possible. There can be no question but that the entire subsequent life is colored by the surroundings and influences of this period. The man or woman grows up virile and healthy-minded—able to fill the position of a good citizen, of father or mother normally, or is a poor citizen and drags along through years, erotic and neurasthenic with suicidal or destructive tendencies, making—if he or she marries—a bad mate, a worse parent and when he finally dies, leaves to his progeny an heritage of weakness and shame.

Books have been written upon the various diseases and perversions which are due to a disordered condition of the sexual centers of the brain. Fully two-thirds of this mental shipwreck would be prevented were it the rule for the physician to pay proper attention to the boy and girl at puberty and during adolescence; and it is our duty to so educate the parent that this will be done!

Not only at this time does the healthy human being need his doctor's care and

advice, but it is called for almost as imperatively as at the time of "retrograde" change. Every man and every woman is first a child—and sexless, then pubescent, passing through a period of adolescence of varying length into full sexual life. This stage lasts, as a rule, in women, till the forty-fifth year, and with men five or ten years, and sometimes longer. But, just the same, somewhere between forty-five and fifty there comes to every man, as surely as the menopause to women, "a time of change"—a period when his whole nervous system is profoundly shaken—when, instead of going *up* the incline there is a short halt at the apex of virility and vitality, and then—the slow commencement of the descent to the valley of senility!

It does not require much thought to see that there are at least two occasions in the life of every human being when the most earnest counsel and care of the physician are absolutely necessary; and yet how rarely is this care extended or even asked for! When it is sought, what kind of a service can the average practitioner render? It is a pitiable fact, but the average doctor is unthinkingly almost as ignorant about matters of this kind as the intelligent layman—often more so. Perhaps it is because fathers and mothers are aware of this that they hesitate to trust their sons and daughters to the family physician for instruction and supervision. Perchance they themselves have asked timidly at some time of sexual stress, for advice, to find that there was none for them. Perhaps they were bluffed or referred back to Nature, when they needed help. At any rate, it is a fact that the parent, who will rush to the doctor if *Jemina* or *Jimmy* has a worm or an adenoid, will sit down and



Did you see Dr. Abbott's paper in the October number of *Merck's Archives*, on consumption? And do you take this journal?

Locomotor ataxia is a disease of the posterior or sensory portion of the spinal cord; also called *tabes dorsalis*.

silently watch the boy or girl of fourteen or thereabout drift slowly along to physical and mental wreck because he either don't know that the physician is (or should be) able to help him, or else he knows all too well of his careless, thoughtless and unnecessary incompetency.

Innately they know that there is something wrong, but that something is a subject which mother or father has never discussed with the child; and now, when a few words would mean salvation, either from fear, false modesty or ignorance they have nothing to say. The young creature, thrilling from head to foot with impulses so strong that they frighten him, with physical and mental disturbances so violent that often solitude alone is bearable, wonders and blunders along over the road to maturity, sometimes arriving!—by the aid of a kind Providence—panting and exhausted but whole, but more often sinking by the wayside, the victim of mistakes due to total ignorance of the path or the way to tread it.

As a matter of fact, the evil is so far reaching that it cannot be traced to its finality. If there be one function which is more important than all others it is the sexual; if there be one matter upon which the growing child needs instruction it is on this one. Mrs. Grundy may deny it, but these very prudes are the product of ignorance; were they enlightened they would hold different ideas. It has been proven time and time over that the healthy boy or girl, properly instructed and informed, is the clean, modest and decent boy or girl and, moreover, these are later, normal, virile, happy men and women, "mated to one mate" and bringing up a family of boys

and girls that will make citizens to be proud of—very foundation stones of the highest type of civilization.

The girl, as a rule, has a better chance than the boy. The mother or some female relative at least explains *some* of the mysteries of menstruation; but even this is done half-heartedly and only when the flow has appeared—when the terrified child comes screaming to learn the cause of what she has discovered. Thousands of women suffering from pelvic disorders can attribute them to a chill or cold taken at the time of terror at the first menstrual flow.

The boy as he nears puberty has no one to tell him what the new feelings mean. It is left for the dirty, whispered talk of vicious servants, ignorant school boys or sin-infected men (who should know better) to give him an insight into this great mystery of life. Thus he gets a false idea of the whole subject; he is ashamed, in a way, of the thing which should be a source of pride; he thinks indecently of matters which are decent and sees evil while naturally desiring it where only good is. Habits are formed which cripple him for life. The writer has heard men of thirty, approaching marriage, say that they would give everything they owned could they have known at fifteen what they knew now. And, could one know it, the wife-to-be wishes someone had instructed her in matters which she now knows are vital. Many an unhappy pair can lay their misery and discontent to early folly, and thousands of weakly, anemic and neurotic children are but specked and rotten fruit of the "tree of knowledge, "pruned and cultivated too late."

What a false conception of right and



Locomotor ataxia causes two classes of symptoms: (1) Those due to disturbances of sensation; (2) those affecting voluntary motion.

The sensory disturbances are either anesthesia, loss of sensation, or paresthesia, disturbance of sensation.

duty! What an asinine state of society to demand this thing! What hell-filling negligence and stupidity that we allow this to be so—that the boy is left to get his sexual education from the curb-stone, the gutter and its congener the brothel, instead of being taught its beautiful, pure, soul-inspiring truths by his parents, his teacher and his physician! The first wrong is due to ignorance and the boy is *not to blame*. Has hades too hot a corner for him who demands that this be so?

The whole human family could be improved beyond measure if the doctors would, first of all, acquaint *themselves* with matters which they should understand and then thus informed make it a point to train their clientele to pay attention to the sexual welfare of their children, and at the right time they should (in conjunction with the proper parent) impart such knowledge to the child as may be needed. Having seen in early life that the child, whether boy or girl, is right anatomically they should now reëxamine and know that they are right; they should order proper hygienic and other suitable measures during the period of pubescence and carefully treat all abnormal symptoms while teaching the great truths of life. The nervous strain should be modified, all congestions lessened and the full-blooded youth depleted if necessary by proper exercise, baths and medication. The anemic nervous girl or boy would of course need iron, nuclein and mild nerve tonics and in many cases slight surgical operations might be called for.

Outside of so-called "sickness" there are two periods then in the life of every healthy man and woman when the doctor's services are needed—at puberty and

at the retrograde change. And the main object of this article is to impress upon the doctor that it is his place to *know* what to do, and then to teach his people to come to him to have it done. It is your place, your absolute duty, to render those services. Are you prepared? If you are not, your education is incomplete and you are to a certain extent helping to hold back the race.

On you, brothers, on us of the medical profession, rests this vital burden! Shall we longer dodge the issue? Shall we the great unconquerable medical profession, the greatest power on earth, be *particeps criminis* to this the greatest of all evils? Let's all wake up!



GOLD DUST.

"Spare moments are the gold dust of time." And gold is too scarce a commodity to be wasted. Have we any spare moments we might use that are now being lost?

The writer is a busy man—at least he thinks he is; and of late years often finds his work palling on him; while after running off for a week he returns to his duties with a sense of freshness and vigor that go far to confirm him in the belief that the ordinary duties of his life are wearing on his vitality. Nevertheless, he finds himself constantly hampered by his ignorance of things he ought to know—absolutely must know. So that a few weeks since, he determined to begin a course of reading to replace the rather disconnected and miscellaneous work of that sort he had been doing. And this plan has been devised:

When one rises before the family, in the quarter hour before meals, and in



There are three stages in locomotor ataxia: (1) The pre-ataxic stage; (2) the ataxic stage and (3) the paralytic stage.

In the pre-ataxic stage the sensory symptoms predominate: The shooting pains, girdle sensation, eye symptoms, loss of patella reflex.

the intervals unoccupied during the day, to have at hand some work that will add to our knowledge, and aid in keeping one up to the times. So we selected as a starter Sajous' work on the Internal Secretions. Two facts became evident—that it was unwise to take more than twenty-five pages a day. More than this was not digested but began to wear on the tired brain, whereas this much was in fact a rest from the other duties. But it did not consume all the spare time, so that another work was taken up in the same way, and limited to twenty-five pages. Within a month it was found that four books could be run at one time; and by so arranging these that each offered a contrast to the preceding, weariness was avoided. In this manner one hundred pages of advance reading has been added to the day's work, without increasing the apparent destruction of gray matter. Half of this is done just before retiring. This is either non-medical or not directly connected with the scientific side of the practice; the rule being that it takes the mind away from the cares of the day, and yet is not too interesting, so as to keep away sleep. The reading is stopped as soon as drowsiness begins—for the reading is for the man and not the man for the reading.

Just now the fourth book is Plato's Republic; to be followed by More's Utopia and some similar creations. The third is a book concerning the physician's business interests; the second Croftan's Clinical Urinology.

Among others either read or on the list are R. D. Mason on Rectal Diseases, as that is a specialty which often comes up in our practice; Landois' new Physiology—for its numerous clinical appli-

cations; the Year Books of Gould, for their review of periodicals we have not time to sift; Musser's Diagnosis, for the latest technique in that essential department; Richards' Nose and Throat, and Bishop on the Ear, for one must either be posted in those lines or lose to those who do more than we can afford; and Massey and Neiswanger on Electricity. There is another—we have its remembrance in mind but dimly—think it is "The Pedigree of Disease"—but will hunt it up. Shoemaker's Personal Beauty would be added but that was assimilated long ago.

Each man will make such a list to suit his own needs—it is the time-saving suggestion we are advocating. But in general, the newer methods of therapeutics, the specialties, so far as a general practitioner may with advantage follow them, and the works that promise us better working theories of disease and its remedying, are to be selected. And he is indeed proficient who would not after a year of such reading, one hundred pages a day, find himself better informed and more able to cope with the problems of practice.



"OUR FRIENDS" THE ENEMY.

How does it happen that so many of the remedies that a few years ago were advertised "to the profession only" are now being exploited directly to the laity? Go through the advertisements in the newspapers and magazines and you will be surprised at the number of "old friends" in the list of medicines now being urged upon the public. Go behind the scenes and you will find that others are being advertised by booklets, calen-



During the first stage, lasting sometimes for years, there may be no ataxia, i. e., no disturbance of locomotion or movement.

The Argyll-Robertson pupil is a symptom of the first stage: The iris reacts to accommodation, but does not respond normally to light.

dars, chromos, etc., which, in the most artistic guise, furnish a constant yet subtle incentive to self medication. Question your patients concerning their acquaintance with different proprietaries and you will be surprised at the extent and diversity of their knowledge. How did they get it?

This raises the question as to the physician's responsibility for the increasing amount of self medication. How does it happen that the "ethical" remedies of today are the "patents" of tomorrow? The answer is simple enough. The doctor is the monkey who pulls the other fellow's chestnuts out of the coals. He tries one of these proprietaries, finds it good and is easily persuaded to write a line to the effect that this or that is "the best yet" for a certain class of diseases. These testimonials are eagerly seized upon by the manufacturer who is enabled, a little later, to use them to boost his preparation among the laity. It is "endorsed by the medical profession"—and he "has the documents to show it." A leverage has been created by the doctor himself to boost *himself* "off the earth."

The CLINIC is not unfriendly to the "proprietaries," but it is unfriendly to methods like these. The editors know and appreciate, through large personal experience, the virtues of many remedies of this class and they do not fail to recommend, from time to time, those that have been found good. The medical profession is under large obligations to the manufacturers who have added so much to the practitioner's armamentarium; but it is under no obligations on that account to undergo professional hari-kari—and that is what it means to recommend the remedies of a manufac-

turer who uses your patronage behind your back to rob you of your business.

We believe in the doctor! We believe that he only is competent to undertake the treatment of the sick; that the man with a "good thing," who undertakes to come between doctor and patient through the intermediary of a nostrum, however excellent this may be in itself, is guilty of an impertinence always—sometimes of a crime—and forfeits all right to future patronage from the medical profession. A remedy may be "a good thing for cough," but what if the cough is due to incipient consumption? It may be "excellent for sore throat," and worthless in diphtheria. Will the "headache cure" be of value in early typhoid—or uremia?

Doctor, go slow in boosting the remedies which you know are being sold or advertised to the laity. *We* will do it no longer. If we have ever been guilty of this in the past it has been through inadvertence; and if we do it in the future it will be because *you* do not do your duty. The world is full of good remedies handled by clean men. Help them along all you can, but while doing that, be sure that you nurture no viper which will turn some time to sting you.



LET'S "SCOTCH THE SNAKE!"

That which the pastor endorses and the doctor does not condemn is naturally supposed, by the ordinary layman—especially of the rural village variety—to be harmless even if not beneficial. And when the "church paper" prints reading notices (which to the uninitiated appear to be genuine editorial matter) extolling the virtues of "Pocahontas Bitters" or



During the second stage the ataxic gait appears: The patient walks with limbs spread, looking at the ground, steps first on heel.

The tabetic patient is unable to stand firmly with heels together and the eyes closed; this is Romberg's symptom.

"Slocumb's Rejuvenator" is it to be wondered at that the good Methodist matron and steady Baptist brother believe what they read and, believing, buy a bottle or two?

If after "the first bottle" they feel an exhilaration which is new and rather pleasing and again on Sunday afternoon they read a statement from Pastor So and So (accompanied by the portrait of the most benevolent and rotund divine) stating that his days are filled with rapture while he takes this same Rejuvenator t. i. d. isn't it likely that the second bottle is bought? Of course it is, and that's why the makers of these body-wrecking and soul-destroying alcoholic nostrums pay one or more dollars per line for the insertion of such stuff in the columns of the religious press!

It is not the "dead game sport" who pays a dollar for a bottle of "stomach bitters," neither does the *Police Gazette* carry the advertisement of "Tipplers' Tonic." Straight whiskey is good enough for the first gentlemen and "any old beverage with a straw in it" will do for the readers of the latter publication. But the good temperance "brother" and the devout "sister" of the church who would neither drink beer, whisky or wine without feeling that they had committed an unpardonable sin, it is they that this greedy minion of hell is after, and their pastors and papers urge them by precept and example to stick their necks in the noose.

These dear exemplary people have stomachs like other folk and feel exhilarated (just like the unregenerate sport) when their stomachs absorb *spiritus frumenti*, even though in disguise. Alcohol has much the same effect whether you take half an ounce of

it as whisky or as "Smoothmans' Shake-Smasher." As a matter of fact the effect in the latter case is worse because the person affected doesn't know he is under alcoholic influence but thinks the exaltation and good feeling is due to increased health. He is playing with fire, imagining the while that it is water! The doctor knows better than any other man (except the makers of patent nostrums) the injury which these abominable compounds are inflicting. Not alone are they ruining the stomachs and nerves of the people who swallow them wholesale and with frightful rapidity, but they are sapping the morals of those who should be and are supposed to be "of the elect."

Those who have had anything to do with the newspapers know the rule which prevails that "the counting room has nothing to do with the editorial department," but when the business end of the religious paper accepts "for revenue only" the debauching advertisements of the nostrum-makers the editorial department could certainly make such a kick that the pace would be declined in future. Just so long as prominent divines and educators who edit religious and semi-religious papers allow the sheets bearing their names at the mast-head to carry the abominable announcements of the alcoholic nostrum man, and the "weak man" quack, so long will most of the responsibility for the evil which will follow, rest on their heads. There is no getting around *that* proposition!

Deacon Jones and Sister Smith and all the other units of the church militant naturally believe that the heads of that church (whose names they see upon the front page of the *Church Times*,



If upper extremities become ataxic he is unable to button his clothes, write plainly or perform other coördinated movements.

Bladder weakness with retention of urine, rectal discomfort, gastric and other "crises," are other severe symptoms of tabes.

Monthly Methodist Visitor or what not) would not allow sellers of alcohol or noxious drugs to parade their wares under false colors in their journals. If "Knockem's Hot Drops" are advertised in the Sunday School paper as being good for "that full feeling after eating," its readers believe that such must be the case. Were the same announcement in a city daily they would doubt its truth.

But the argument need be carried no further. It is high time that the reputable lay press and the really conscientious religious papers alike closed their columns to the quack—to the maker of drunkards and drug fiends. And most important of all is it that the delusive "reading notice" be dropped—and dropped instant. If any wile would seduce the religiously inclined but unworldlywise subscriber into buying some vile nostrum, surely it is the enthusiastic letter from Pastor Smith (accompanied by his portrait) which describes how he saved his life and his wife's life with "White's Whiskeyette!"

There is just one way to bring the business end of the papers which persist in acting as drummers for the devil to realize their turpitude. Let every doctor write to the editor of the particular religious paper he takes and insist upon the removal of such obnoxious advertisements. Let him call attention to the fact that not one of these nostrums but is more or less injurious; that most of them are bad whisky or new fusel alcohol in disguise and that the effects they produce upon the unhappy imbibor are deadly. If the medical profession will wake up to the enormity of this evil and wants to put a stop to it it can do so. And, next to the poor fools who injure themselves by swallowing

the stuff, the doctor is the greatest loser from this tacit support of the quacks by the religious press.

Even were the "medicine" advertised harmless (as very few are) the layman who takes them hurts himself and robs his doctor. The man who would take his ten-dollar watch to the watchmaker to have it cleaned will not hesitate to attempt to clean or repair himself, being supported in his folly by the columns of "self-cure" announcements he reads in the papers.

He will willingly pay a dollar for five cents' worth of poor alcohol, some coloring matters, bitters and water. If his kidneys are really deranged and he reads that the Rev. Mr. Saphead and Senator Loosetile took Barkers' Blasting Balsam and grew a new pair, isn't it human nature for him to go and buy the stuff? And as he is told that it takes twelve bottles to cure he goes on till he is incurable—and in many cases has the alcohol or some drug habit.

There are nostrums and nostrums it is true; some of them are quite good remedies and properly prescribed in the right case would do good service. But the great majority—the most advertised and fastest selling—are nothing more nor less than bad booze disguised. That's what they are meant to be: the maker caters to the false need for stimulation which most people feel; he relieves the lassitude and it returns when the "medicine" is stopped; that means a further sale, and so on to the end.

The doctor should explain all this to his people; he should refuse to take any journals, lay, medical or religious, which carry the advertising of such humbugs, and if he will think over the matter for half an hour he will do it and what the



If the patient does not die from other trouble he finally becomes paralytic and helpless; blindness may complicate.

Strangely enough when a patient becomes blind the other symptoms often improve; little consolation in this for the patient.

profession as a unit sets out to do is done in the beginning. And when countless bodies will be saved from sin and sickness, and numberless souls now and yet unborn will be saved from hell on earth and possible torment hereafter by the doing, should it not be done? And won't you, my forty thousand readers, every one of you, take hold with me and accomplish this thing?



A GOOD FAULT.

About the only unfavorable note in the reviews of the Alkaloidal Therapeutics up to the present is that the statements therein are too positive. Is this just?

Under the old methods positive statements as to the effects of remedies were obviously inadvisable. We might with propriety say that possibly in the cases described the remedy administered might have had some effect or influence in promoting the favorable result, but on the whole it was a matter of so much uncertainty that extreme caution should be observed in making any such claim.

But now—how can we say that perhaps the atropine may have directed the blood to the skin, and away from the bleeding vessels, when we know absolutely that it did and must do exactly that thing? How can we without absurdity suggest that the free transudation from the skin that followed the taking of pilocarpine may have had some connection with that fact, when we know just as surely that the pilocarpine caused the sweating? The chief value of active principle therapy lies in the fact that we can from it secure such positive and absolute results that to some extent the

practice of our art is reduced to the certainty of the multiplication table.

But it is one thing to know this and another to say it so as to carry conviction to your hearers. For the mind of man is so constituted that it resents the effort of another to impart information if thereby the slightest assumption of superiority is manifested. Hear what that wise old reprobate Ben Franklin said: "I made it a rule to forbear all direct contradiction of the sentiments of others, and all positive assertions of my own. I even forbade myself the use of every word or expression in the language that imparted a fixed opinion, such as *certainly*, *undoubtedly*, etc., and I adopted instead of them, *I conceive*, *I apprehend*, or *I imagine* a thing to be so and so, or *it so appears to me at present*. When another asserted something that I thought an error, I denied myself the pleasure of contradicting him abruptly and of showing immediately some absurdity in his proposition; and in answering, I began by observing that in certain cases or circumstances his opinion would be right, but in the present case there *appeared* or *seemed* to me some difference, etc. I soon found the advantage of this change in my manner; the conversations I engaged in went on more pleasantly. The modest way in which I proposed my opinions procured them a readier reception and less contradiction; I had less mortification when I was found to be in the wrong, and I more easily prevailed with others to give up their mistakes and join with me when I happened to be in the right." "And to this habit I think it principally owing that I had early so much weight with my fellow citizens."

Well worth remembering and acting



The enlarged and swollen joints of tabes are called Charcot's joints; ulcers of ball of the foot may also be formed.

The duration of locomotor ataxia is from three to thirty years; it is much more common in males than females.

upon. It is wise for us to carefully distinguish between what we know and what we think we know; and to judge our results critically and express them cautiously. But where surety ensues let us not fear to speak out boldly for the faith that is in us. The Franklinc method is useful and wise, but it need not dominate us to the exclusion of all else.



DOUBTING THOMAS.

He riseth up early in the morn and speaketh platitudes: the sun sets and still is his voice heard in the land. Mizpah.

He speaketh of things which the bearded man knows but remembereth not because of their foolishness and reiterateth twaddle de dee till the mocking bird hieth him to the thick woods in despair. Mizpah.

Yet withal this talker of talk has some sparks of divine reason remaining and as a man stumbleth upon pearls un-awares so he slippeth forth once in a long while something worth harkening unto. Selah.

He beareth in mind the laxative effect of oleum ricini upon his infantile intestines and therefore alloweth that the oil of the castor bean hath viture. Laudamus.

He riseth up and calleth attention to the loud talk of those who win and sapiently remarketh that they who lose, herald not their defeat abroad. So even the philosophers of old observed and men have repeated till it hath become a maxim for the kindergarten.

He derideth the sword that smiteth Throstell because it turned aside from a bag of feathers. He goeth up and down and advanceth the cause of the ancient

female with sage tea—the only “sage” thing he doeth.

To him all is foolishness and vexation of spirit because he hath failed to get a tight hold upon the right end of the stick. Mizpah.

He walketh in the dark and talketh through his occipital covering and he getteth his wires twisted. Mizpah.

Hearken O my Son and learn wisdom. He who looketh at things through a smoked glass and seeth black shadows. He who sayeth a whole lot without taking cerebral exercise, maketh much noise but faileth to impress his “say-so” upon the people. Therefore, Thomas, ponder twice before thou talkest any and before thou writest anything think hard three times.

When thou beholdest anything hasten not to run to the market place and say in a loud voice “thus and thus have I seen,” lest peradventure men shall say, “Verily he hath blinders on,” and so club thee home.

Accept the words of the wise and try that which is good, and if peradventure it faileth in thy hands blame not that which hath been proven but thy own want of “know not;” thou shalt finally attain unto the high places and sit with those who say little but see much and then that which today is dark unto thee shall be as a sixteen-candle-power electric bulb. Selah.

Make speed, Doubting Thomas, and acquaint thyself; go out into the quiet places and listen, so shalt thy soul find contentment and verily thou shalt be fed, for there, in the solitudes, it shall come to thee that men have seen and heard all that thou can’t or won’t see and hear and that those who are possessed of wisdom eschew the commonplace and that which



The treatment of locomotor ataxia is not very promising as regards absolute cure, but much can be done to relieve the patient,

On the hypothesis that the cause of the disease is syphilis, most of the cases of tabes are treated first with mercury.

is well understood and press forward towards higher and greater things. So perchance it shall come to pass that even thou mayest think a new thought, or bring to pass something hitherto undone, and then (*if thou thyself thinking keepest silence*) thou shalt hear a mighty sound in the land; uncertainty clinging to the end yet at last yields, with loud wailings, to the resistless march of certainty and the banner of alkalometry is planted on the walls of the fortress. Therapeutics made impregnable by the mounting of the active-principle guns of modern medicine. Amen!



REPORT YOUR PNEUMONIA CASES.

It has been suggested to us by a correspondent that we ask all the readers of the CLINIC to send in tabulated statements of their pneumonia cases, as treated by alkaloidal methods.

We would be very glad indeed if our readers would act on this suggestion. Please make the report on a separate sheet of paper headed with the word "Pneumonia." Divide the cases into croupous or catarrhal, giving the number of cases of each and the result of the treatment. It is hardly necessary to describe the treatment otherwise than as alkaloidal, since we all understand that we ring the changes between dosimetric trinity and defervescent compound, using intestinal antiseptics and salines, with emetine, codeine and other variants as they happen to be indicated.

Whether hot or cold applications are used on the chest, might, with advantage be stated. The results when tabulated



The antisyphilitic treatment is rarely very beneficial, but it is well to try mercury and iodides if infection is not too remote.

would make a most valuable contribution to the science.



TRUST, IF YOU WOULD BE TRUSTED.

The following sentiment from *Success* is so pregnant with the very germ of right living that I gladly give it space. Do it Doctor, it will warm your heart, expand your soul and increase your business. Do it because it's the right thing to do, and like other right things it will reward you seven-fold.

"One's manner of greeting friends, is a very good indication of character; it shows whether he is a starved, narrow, pinched nature, or hearty, whole-souled, and generous. Your narrowness or your breadth, the poverty or the wealth of your soul is indicated in your salutation. If you greet your friend with a guarded reserve, or if you shake his hand in a cold, perfunctory way, he very quickly reads your feelings and is chilled by them. On the other hand, if unselfishness runs in your veins, and you are animated by a hearty good will and cordial generosity, your greeting will go straight from your heart to the heart of your friend. He will be warmed and cheered by it.

"A great many people are too suspicious, small-minded, and selfish to have real friends. Being narrow and selfish themselves, they cannot understand how another can render service without thought of return. They are always on the lookout for motives. They betray their suspicions in their hesitancy and coldness of manner. Always on the defensive, they have their guards up on all sides. Everybody who approaches them or shakes hands with them

With your mercurials combine other alteratives, such for instance as stillingin and phytolaccin; iodine in some form, of course.

knows it, and, of course, will be thrown on the defensive also. By cultivating this attitude of suspicion and reserve they rob themselves of the highest joys of life. They trust no one, and no one trusts them. They cut themselves off from all real and permanent friendships. Love and friendship demand frankness, trustfulness, and reciprocity.

"If you wish to be loved and to have friends, throw away your reserve and your suspicions. Believe in your friends for pure friendship's sake. When you meet one, do not offer him the tips of your fingers, or give your sympathy stingily and grudgingly, as if you were afraid you would commit yourself by being cordial. As New Englanders do, even at a first meeting, grasp your friend's hand warmly. Put your heart into your fingers. Do not give him a cold, formal 'How do you do?' but a hearty, whole-souled salutation. Throw your personality, love, and good-will into your 'How are you?' Do not be afraid to let yourself out. Do not be on your guard every moment. Give yourself up heartily."



AND THAT'S THE WAY THE MONEY GOES.

The drink bill of the United States is \$1,410,236,702. All the corn, wheat, rye, oats, barley, buckwheat and potatoes put together will not pay it.

The liquor traffic costs more each year than our whole civil service, our army, navy and congress, the river, harbor and pension bills; all we pay for local government; all National, State and County debts, and all the schools in the country. In fact this government pays more for liquor than for every function of every kind of government.—*The New York Tribune.*



Potassium iodide is usually given, often in large doses. Has any one tried calcium iodized in these cases? Reports, please.

It goes down the necks of the unthinking to make them more thoughtless, and of the wicked to increase their wickedness! It goes from the stomachs and the backs and the legitimate, essential pleasures of the people to the coffers of the most hideous, the most soul-and body-wrecking, the most heartless and fiendish, yea the most damnable traffic that God ever permitted the devil, in the embodiment of man, to create and maintain.

A bushel of corn makes 4.46 gallons of whisky which brings \$18.75, which is distributed as follows:

The distiller gets \$4.50. The retailer gets \$6.80. The United States Government gets \$5.40. The transportation company gets \$1.25. The laborer gets 40 cents. The farmer gets 40 cents, and the doctor gets it in the neck. From thirty to fifty millions of hard-earned money is stolen from the doctors of America every year, and used by this monster to pave the road to hell.

What are you going to do about it?



THAT MATTER OF FREQUENT DOSAGE.

Occasionally it falls to the editor's lot to answer questions which he would rather not answer—they are so "knotty." Sometimes, too, just after he has answered someone who wants to know some particular thing, fully and as he considered comprehensively, another inquirer comes along and asks about the same thing in a different way with the result that the editor finds he didn't half cover the ground after all.

At this particular time a correspondent writes as follows: "Can you get your patients to take as much medicine

Remember, the importance of maintaining the general health; if the patient is anemic, give iron and other tonics to your tabetic.

and at such frequent intervals as you recommend in the case of Mrs.—— in the CLINIC—some nineteen different remedies consisting of nearly 339 granules—all in one week—nearly fifty per day?"

Now it seems that here is just the right opportunity to deal with the "frequent-dose" and "too-much-medicine" bugaboos, a pair of "groobies" which haunt the neophyte in the practice of alkalometry with fell persistence.

In the first place, let it be remembered that a granule is a very small thing, that from six to a thousand of them are needed to make a grain. Then, consider that the main idea in dosimetry is "the smallest *effective* dose possible constantly repeated to *effect*;" then the *maintenance* of that effect as long as is necessary. Now, bear in mind the fact, that five or six wooden or glass vials, each containing one hundred granules, can be carried in the vest pocket (even a woman, who has no such things as pockets—can sew a patch on her apron and tuck them in there!) and, when "medicine time" comes, the patient, whether in field or forest, afloat or ashore, in company or alone, can pour the number required into his hand and lap them up in ten seconds. No big bottles to bother with, no fluids to spill, no "water to take after," no glass or spoon to take the medicine in—not *one* of the old style abominations!

So much for that part of it. Now as to whether patients *will* take so much medicine and so often. In acute cases, where life is at stake, it *always* becomes necessary to have someone to administer medicines at frequent intervals. The galenic practitioner gives one or two prescriptions (each containing from three

to seven ingredients) and every two hours or so a teaspoonful to two tablespoonfuls go down. Say two mixtures with five ingredients—that's ten drugs six or eight times daily. The alkaloidist gives perhaps three different granules—perhaps one of these every fifteen minutes *till they act*, then every two or three hours. Not much difference *except* that the granules, if swallowed, are tasteless, absorbable from the buccal mucosa if not swallowed owing to unconsciousness, and unobjectionable even to a child. They are, also, always active; the result you look for *must* follow. In serious cases where the necessity for such frequent medication alone exists—this *positiveness* of medicine means everything.

In any case, if a man can get well by taking four or six or even more granules every two hours while he goes about his business he'll do it—do it sooner than he would take *useless* and nasty-tasting medicine twice a day for months. If he is tied to the house and hasn't anything to do, it occupies him to take his medicine on time. Anyway, we have found it practical to give such medicines as are required in any case just as often as may be needed to get the quickest results. It's better to have a man taking medicine often for *ten* days and then discharge him well than it is to keep him on the t. i. d. plan for months and leave him sick!

In the particular case to which the correspondent refers the patient had (judging from description) a severe cystitis with probable atony of the bladder walls. Residual urine was suspected. Torpid liver also was a troublesome feature of the case, the patient in fact was as a whole in a "run down," atonic and stagnant state. Relief was



Arsenic is a remedy of great value in locomotor ataxia; try the tonic arsenates, with nuclein to stimulate cell activity.

Strychnine is also a good remedy in tabes; especially useful where there is weakness, but avoid overstimulation.

needed and that relief, remember, was not only desired along one line but was to be general—the patient wanted to feel better.

In medicating a patient after a personal examination the doctor gives one remedy or three as the case may be with the idea that when these drugs have done their work he will change to others which will correct some other symptom, and so on. He uses a rifle and shoots straight each time. So does the editor but there are, in a case of this kind, several bull's-eyes so to speak which need hitting—some of them at 100 yards, others at 1,000, therefore in order to make a good score it is not only necessary to change the rifle from a carbine (for short distance) to a long range gun but also essential to vary the ammunition. A 38-caliber, black powder, will do for close work, but we need a steel Mauser bullet with smokeless powder behind it to hit a small target a long way off.

Because the editor in advising a method of treating a case for several weeks, presenting several symptoms, suggests a large number of remedies, it does not follow that alkalometry is any the less on the whole a rifle-shot, single remedy method. For each symptom there is a remedy; in a case of this kind there were a score of symptoms needing correction—hence the necessity for the use of so many remedies.

And after all, at the end of the time the patient will have taken less medicine than he would in a week under old-time methods.

It's the man "who knows *what* to do and *does* it" who wins out. If it's necessary to order several alkaloids several

times a day, order them; if it isn't, don't! And through it all, remember, *you're the doctor*.

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DR. W. L. COLEMAN.

It is but a few months since we chronicled the death of the father of dosimetry, the venerable Professor Burggraave, and now we mourn the loss of his first disciple in America, Dr. Coleman. He had been in poor health for some time, having retired from practice for years. The outbreak of the Spanish-American war aroused the old warhorse, and he went to Cuba to study the yellow fever conditions, in which he had long taken a deep interest.

Dr. Coleman's book on this fever has been before the medical profession for some years, and the theories there presented have deserved and commanded the thoughtful attention of its readers. He believed the specific cause of yellow fever was generated in the slave ships during their voyages from Africa, when the slaves were chained in closely-packed ranks to the decks, with no opportunities to attend the calls of nature except as they lay. It was said that such ships could be "scented" long before they were seen, and that they never lost the peculiar odor thus acquired. There is really no insurmountable difficulty in harmonizing this theory with the modern mosquito observations, as an unknown germ inhabiting the bowels of the African negro might thus be transported, and acquire virulence in these unparalleled conditions. But Dr. Coleman was never a compromiser or apologist, even when it would have been easy to conciliate opposition by so doing. He believed he was right, his mind had

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Tabetic patients should be instructed to abstain from alcohol and to avoid all excesses or debilitating habits.

It is said that phosphorus sometimes arrests the progress of locomotor ataxia; try the glycerophosphates or hypophosphites.

crystallized on that subject, and he left it to the others to find the harmony.

Dr. Coleman was one of the first physicians in America to recognize the inestimable advantages in the methods devised by Burggraeve, and to adopt them in practice. When he believed a thing he did so with his whole soul; and therefore he employed the French granules extensively and advocated them energetically, for many years. Nevertheless, when a trial convinced him that American manufacturers were preparing these agents fully equal to the French, he did not hesitate to endorse the work of his countrymen. Even before these agents were prepared by American chemists he had found fault with the French for dispensing the granules in vials bearing the name and dose of the remedy; which Dr. Coleman did not consider judicious or ethical.

With his writings the CLINIC family is pretty familiar—and it is safe to say that Dr. Coleman never wrote a dull or conventional letter for publication. The man who desired text-book or commonly-accepted views would not obtain them from Coleman; but he would assuredly get something not to be elsewhere obtained, and that would set him to thinking, whether he agreed with the writer or not. He was a devoted advocate of the possibility of jugulating acute infectious maladies, and his papers on whooping-cough are of singular interest. His contention that the incubative stage is the time to attack these infections is in strict accord with the modern germ theory, and only fails to be accepted because it is a practical application of that theory far in advance of any as yet made by its advocates, who are generally too deeply tinctured with therapeutic nihilism—which

means therapeutic ignorance—to appreciate such a radical step in advance.

Dr. Coleman retired from practice some years ago, as his health began to fail. So highly was he regarded by the CLINIC staff that arrangements were made for one of our number to spend a month with him in Texas, to go over with him the whole topic of infectious maladies. But we did not appreciate the gravity of his condition, and postponed the trip until after the holidays—to our great regret now.

He left three children, two sons and a daughter, none of whom is in the medical profession, though he believed that the daughter at least inherited his fine therapeutic instinct. The notices in the papers of Houston indicate the high appreciation in which Dr. Coleman was held by his fellow citizens. Probably it is impossible, in the nature of things—but we wish some of the bouquets could have been thrown while the man was still alive to appreciate them. They do these things abroad, and the honors paid to the aged, smooth the pillow of death. But here we have no time for that; the aged great are shoved aside rudely, and their work only acknowledged after their death has removed them from possible competition.



To treat disease names is the very worst mistake a man can make. "What do I do for pneumonia?" I'll tell you when I see the case—when I see the expressions that tell me where the wavering is that is producing the disequilibrium for which the patient is suffering—and then go to work to help level up. This is "scientific medicine" and nothing else is.



Upon theoretical grounds lecithin is an indicated remedy in tabes; good reports from the use of neuro-lecithin. Try it.

Atropine and ergotin were recommended for locomotor ataxia by Brown-Sequard; pilocarpine has been used in early cases.

GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

A SYMPOSIUM ON ARTERIOSCLEROSIS.

LJORES published a book in 1903, entitled the Nature and Development of Arteriosclerosis, in which he endeavors to show from his own investigations and from those of others, that there is a distinct agreement between the clinical and anatomical views of the nature of arteriosclerosis. Clinical observations lead to the assumption that a mechanical factor plays an important part in its production. This idea was first announced by Senhouse-Kirkes, then worked out by L. Traube, after which it was widely accepted. It is said that when a high tension exists for a long time in the aortic system, this will often give rise to the development of arteriosclerosis. These clinically - ascertained facts agree very well with the results of the author's investigations. The basis of the sclerotic process is a hypertrophy of the intima, and in the aorta it is combined with that of the elastico-muscular longitudinal layer. This hypertrophy of the intima is a strengthening which takes place in every human being in the earliest age of infancy when the intima becomes thickened. This functional increased work of the vascular wall must therefore be an important factor in the production of arteriosclerosis.—*Wien. Med. Wochenschr.*

Merklen reports to the Société des Hôpitaux five case of *Arteriosclerosis with Renal Insufficiency* in which an existent

edema rapidly disappeared and unpleasant cerebral phenomena followed. There was stupor, Cheyne-Stokes respiration, confusion of thought, excitement with anxiety, at times coma with general muscular rigidity. Only one of the patients died. In three of them all symptoms disappeared in a few days, and weeks. In the fifth case the same symptoms were repeated twice and disappeared when the edema made its reappearance. In this case the absorption was rapid and spontaneous, while in the other case, it was slow and influenced by medication. It is advisable in such cases to continue the cardiac tonics and diuretics, even after the disappearance of the edema, and give digitalis, theobromin, eventually purgatives also, with abstraction of blood.

Dupré in similar cases obtained good results from lumbar puncture and removal of part of the cerebrospinal fluid.

Romberg of Marburg spoke on arteriosclerosis before the Congress of Internal Medicine at Leipzig, in April, 1904, as follows: "The greatest harm that accrues to the circulation from sclerotic arteries is owing to the lack of sufficient extensibility. The difficulty which this produces in the flow of the blood stream is overcome only by aneurismal expansions of the arterial lumen. A further difficulty in the onward flow of the blood is caused by the frequent narrowing and lengthening of the scler-

rotic arteries. A high resistance of this kind to the circulation can be seen typically, though rarely, in the presence of highly-sclerotic branches of the pulmonary arteries. In the body circulation arteriosclerosis does not present such a resistance to the left ventricle, apparently because not all arteries become sclerotic. A moderate hypertrophy of the left ventricle is found only when there is a high grade sclerosis of the splanchnic arteries, or of the aorta, when it is not aneurismically enlarged. In ninety per cent, therefore, of uncomplicated cases of arteriosclerosis the internal pressure keeps within usual bounds, and an increase in an uncomplicated case is only slight. The circulation in arteriosclerosis is harmed far more when the arteries are called into special action than when they are at rest. This is readily perceived by means of the pulse, but more through the injury done to the vasomotor influence. Of the organs which suffer in arteriosclerosis, heart alterations are most frequent, and coronary sclerosis is only a particular cause of this.

Frequently heart ailments mean chronic insufficiency of the heart muscle, but often the picture is that of a clear case of coronary sclerosis. Especially important are the symptoms of angina pectoris, cardiac asthma, and along with cardiac phenomena the evidence of aortic sclerosis. We get considerable aid in the differential diagnosis between aortic sclerosis and aneurism by means of compression and displacement; if the aneurism is sacculated x-ray transillumination is also of value. The kidneys become by arteriosclerosis predisposed in a certain degree to interstitial inflammation. The picture presented by an arterioscle-

rotic contracted kidney is completely dominated by the apparent insufficiency of a hypertrophied heart. The consequences of renal disturbances add only some characteristic features. Cases not fully formed are very often met with.

Of cerebral phenomena in arteriosclerosis, the most prominent ones are those of neurasthenia in the initial stage of the disease. In some cases the neurasthenia passes over into psychical disturbances. Affections of the sense organs, and of the gastrointestinal tract are comparatively rare in arteriosclerosis. Very interesting are the nervous disturbances in the extremities, one of which, called *Claudicatio Intermittens* (intermitting limping), may be a prodrome of arteriosclerotic gangrene; another is the general presence of vasomotor neuroses. In the effect which arteriosclerosis may have on the individual parts of the body much will depend upon the functional influences of that part, while purely anatomical considerations are insufficient to give us an explanation of the details in the picture of the disease.

In the *etiology of arteriosclerosis* it is the great work which the wall of the vessel has to do that is to be considered first of all, and next in prominence to bodily exertions come nervous influences, while alcohol, tobacco, coffee and tea are also to be considered because of the injurious changes they produce in the tone of the blood vessels. The effect of the labor performed by the arterial wall is widely modified by the degree of active or acquired resistance. Arteriosclerosis is not a disease incident to an individual's age but to that of wear and waste. It makes its appearance in males far earlier than in females.



Long-continued doses of nitrate of silver have, according to some observers, helped in some cases of tabes.

The tabetic should avoid exercises that tire; too much walking is harmful and may increase the pains.

The main therapeutic indication is the reduction of the demand of labor made upon an organ, corresponding to the etiology of arteriosclerosis and to the amount of recuperation that organ may need. It is only in relatively rare cases that an opposite cautious increase of work is indicated as being more useful. Care must be had for sufficient sleep. In the choice of a locality for recuperation remember the usefulness of saline or indifferent thermal springs. Restriction, but usually not total abstinence from alcohol, tobacco, coffee and tea is advised. The alimentation preferable to the régime of Huchard or of Rumpf is an empirical regulation of the diet, avoiding too much meat and too much spices. Liquids should only, in the presence of edema or an inclination to it, be reduced to between a quart and a quart and a half in twenty-four hours; more often it is necessary to increase the amount of liquid which the patient is inclined to take.

Care should be taken for sufficient alvine evacuations. Alkaline-sulphate and saline waters are useful. Long continued administration of potassium iodide has good results, especially in initial cerebral phenomena, in angina pectoris, in slight cardiac weakness and the like affections, but these will not remove anatomical lesions. It certainly does not act as a vasodilator, and absorptive, or as an alkali it acts specifically in isolated cases. Its success depends upon another alteration; worthy of notice is the usefulness of small doses, gr. $7\frac{1}{2}$ three times daily. Other well-tried remedies for arteriosclerosis we have none. Niter is worth consideration. Nitroglycerin acts symptomatically. In arteriosclerotic contracted kidney the first care should be the heart.

In the treatment of the heart there is no need of fearing an increase of pressure so long as that which might produce it is avoided. Digitalis and strophanthus should be given to patients of 40 to 50 years of age in small doses. Baths containing carbonic acid, and that in mild forms, are commendable in initial heart insufficiency and in convalescence from severe sickness. Gymnastics for strengthening the heart are suitable in cases of its convalescence where an increase of its activity is desirable. These gymnastics are useful at once in heart weakness in fat persons of weak muscles without heart-strain.—*Wien. Med. Wochenschr.*

(To be continued.)



INTERNAL SECRETION.

Lauder-Brunton spoke on the subject of Internal Secretion before the Chelsea Clinical Society, March 8, 1904.

In company with Macfadyen he endeavored to show, that the production of bacterial ferments accommodates itself to the surrounding media just as the secretion of the pancreatic ferments of the dog accommodates itself to the kind of food which is given it. Recent investigations seem to indicate that the ferments which pour themselves out into the intestinal canal and their being reabsorbed come together with "antibodies," to form new zymogens. The nature of these antibodies is not clearly ascertained yet. In some instances we seem to have genuine ferments before us. So the pancreas pours into the intestine a ferment which converts starch into sugar, while by the lymph vessels another ferment is poured into the blood which destroys that sugar and permits its being consumed in the



A modified rest cure is beneficial in these cases of tabes; massage and passive motions serve to keep the body in good trim.

Of course you will not forget the importance of the "clean out, clean up" idea; these patients are often full of toxins.

tissues of the body. It is evident that these external and internal secretions of the pancreas take place in different parts of the organ.

In diabetes it is likely that we have to deal with a faulty internal secretion. It is true that attempts to influence this disease with glycolytic ferments did not succeed for the most part. Most distinct are the effects of the internal thyroid gland secretion. Protracted administration of considerable doses of thyroid extract in a case of myxedema produced all of the symptoms of Basedow's disease with the exception of bulb protrusion and enlargement of the thyroid gland. Most of the symptoms of Basedow's disease are traceable to intoxication with products of internal secretion. Favorable results were obtained by administration of suprarenal capsule extract, which acts on the heart and bloodvessels different from that of thyroid extract.

This last is to be regarded as a vasodilator remedy. Small doses of this substance proved very beneficial as a prophylactic for chilblains, acting as dilators, and preventing contraction of the bloodvessels in the tips of the fingers by cold. Adrenal extract on the contrary acts as a vaso-contractor and raises the blood pressure and can be likened in this respect to nicotine. It is quite likely that this substance by exciting adrenal activity, raises the tone of the smoker's bloodvessels. In young individuals nicotine will act injuriously, counteracting, like adrenal extract, the products of internal secretions of the thyroid, which have a well pronounced influence on the growth of the body.

The products also of the internal secretions of the ovaries have proven themselves beneficial in climacteric troubles.

And the kidneys too seem to have an internal secretion as well as an external one.



DOSIMETRIC TREATMENT OF ACUTE PERICARDITIS.

The following is gleaned from an interesting article in *La Dosimetrie* written by Dr. Bercher.

Oct. 21st, I was called to see a liveryman by the name of Kass, aged 35 years. Three days before, after a period of hard work, and having labored violently during the forenoon, he was exposed while working to a current of air. He felt well-marked chilliness and experienced a strange sensation in his left side. He was obliged to stop work, went home and lay down. In the evening he was taken with an acute pain in the precordial region and oppression of respiration at that level. Fever and cardiac palpitation increased. Thinking that the indisposition would be of short duration, he applied the tincture of iodine over the cardiac region, drank some hot infusion and fell asleep, but his sleep was disturbed by nightmare. In the morning the pain was severe, exaggerated by cough and deep inspiration. Decubitus on the left side greatly increased the intensity of the pain, and so also did slight pressure over the precordial region. Kass sent for me and I found him sitting up in bed and in a paroxysm of palpitation. The heart beats were tumultuous, irregular and intermittent. This was the third attack during twenty-four hours.

Examining carefully the conformation of the chest I noticed a considerable prominence or arching over the patient's precordial region, oval in form, the long diameter directed from above downward.



Attention to the alimentary tract is very important; simple nutritious food and plenty of it, with no intestinal irritation.

Stimulate all the excretory functions; keep the whole body clean. Frequent bathing, active kidneys, no toxin factory in the intestine.

Its limits were from the third rib above to the eighth or ninth rib below. The intercostal spaces were somewhat larger on account of the elevation on that side. Percussion gave a dull sound over the prominence. The respiration was absent over the same precordial space. By degrees the respiration could be heard coming back more and more, the further I listened away from the effusion. The heart sounds were difficult to perceive, both because of their distance from the ear as well as the intervention of the fluid. The pulsation of the neck blood vessels was also exaggerated. The symptoms being so remarkably clear we did not hesitate to diagnose acute pericarditis with a very considerable effusion.

The dominant dosimetric treatment was directed against the inflammation process. The patient having had no passage for the last two days, we ordered at once a large tablespoonful of granulated seidlitz salt. While the intestinal canal is relieved of its toxins by this salt it also renders it more absorbable for the alkaloidal granules, and consequently enables them to act more energetically and effectually. At the same time the salts may act also diuretically.

Three hours later there were two copious alvine discharges which put an end to the bulging of the abdomen that was beginning to be painful. On October 22 the temperature was 102.2° F. A large fly blister was applied to the region of the heart, and the patient ordered to take a dosimetric trinity granule every half hour. The variant treatment was: To sustain the heart, a centigram caffeine granule was ordered every hour, to make about twenty granules a day; to facilitate the absorption of the exudation,

milk was given as a diuretic; and, as a sudorific pilocarpine nitrate, a granule every half hour at the same time with the dosimetric trinity.

On the 23rd the condition was the same. Temperature 102.2° F. The patient complained of a violent headache; ringing in the ears and flashing of light before the eyes; sleep was troubled by sudden waking with a start—signs of an access of palpitation dyspnea. The tongue is dirty and clammy; sweat is abundant. Precordial uneasiness intense.

On the 24th and 25th the treatment was the same, only adding a tablespoonful of saline laxative every day. On the 26th the temperature was 103.25° F. The dosimetric trinity was then given every fifteen minutes. On the 27th the temperature was 109.4° F. Defervescent granule was ordered every half hour. The perspiration evoked by the pilocarpine was abundant and was maintained by wrapping up the patient's chest all around in cotton wadding. On the 28th the temperature was 100.9° F. A slight pericardial friction murmur was heard with the two cardiac sounds, resembling that of parchment or new leather, arguing a diminution of the effusion. The temperature came down next morning, the precordial anxiety diminished, the prominence disappeared and the intercostal spaces were no longer enlarged. The patient was ordered now to take: one dosimetric trinity every two hours; one granule of pilocarpine nitrate every hour; saline laxative, a teaspoonful every morning. As a diuretic he was to take a granule of scillitin every two hours and one of caffeine every hour. The milk the patient did not bear well and it sickened him so much I allowed him to take simply boiled water.



On the food question, think of Dr. Cutter's idea of simple feeding. A lean meat diet, properly balanced, ought to feed the cells.

The successful treatment of locomotor ataxia, we predict, will depend upon cell feeding, cell stimulation; nuclein, lecithin.

On October 30th the dulness diminished very much, and was perceived between the fifth and eighth ribs. The arching is no more and the patient feels himself relatively well compared to what he felt during the preceding days. His respiration is far more easy, and the temperature is 100.4° F. He can lie down without feeling much oppressed, but not yet on his side. He has one paroxysm of palpitation every day. The pericardial friction murmur increases every day evidencing the absorption of the effusion. The quantity of urine is at least a little over two quarts in twenty-four hours.

On November 2nd, the temperature was 97.68° F. and all disquieting symptoms have disappeared. The cardiac and respiratory sounds are easily heard, and the pericardial friction sounds are accentuated everywhere, showing the extreme roughness of the two surfaces of the pericardial membrane. More palpitations.

Treatment from now on was to be as follows: The patient is to take eight times a day one granule of pilocarpine nitrate; two granules of caffeine; one granule of scillitin; four times a day a granule of strychnine arsenate. A teaspoonful of saline laxative every morning. Diet to be light.

On the sixth day of November the patient was evidently convalescing. On the first of December he resumed his occupation. After this time the effusion did not appear again, and Kass enjoys uninterrupted good health.



In *Ankylostomiasis* R. Stockman gave three times $\frac{1}{2}$ dram of thymol and once $\frac{1}{2}$ dram of extract of male fern, and in a few days there was neither blood nor pus in the feces.



If under proper treatment of tabes its progress is arrested, think of the Fränkel system of reeducating the muscles

Infusum valerianæ was used successfully for vomiting in pregnancy, as enemata; repeated for two to five days, after every other remedy had no effect.



When an epileptic is put on his left side, immediately at the beginning of an attack, it prevents clonic spasms, and consciousness returns. Putting on the right side does not do the same.



Dr. Friedrich, of Greifswald, succeeded in preparing a food for subcutaneous injection, with which he tided over patients in highly-critical conditions, where feeding per rectum could not be practiced.



In a case of *Traumatic Tetanus* in a sixteen year old boy, Poterat gave ten cubic centimeters of antitetanic serum hypodermically with resulting aggravation of the symptoms. He then gave chloral in rising doses (drams $3\frac{3}{4}$ to $7\frac{1}{2}$) and the patient recovered in six weeks.



Pulsations of the abdominal aorta, which often occurs in dyspeptics, arise from an irritation of the nerve plexuses which supply the stomach and bowels and run along the celiac axis and its ramifications. Pron of France recommends for this the extract of *Adonis vernalis*, one Gm. (gr. 15) in twenty-four hours. THE GLEANER would be grateful to any of his readers if they would try the glucoside adonidin, in doses of gr. $\frac{1}{8}$ to $\frac{1}{4}$ in such cases, and kindly report to the CLINIC.

The suspension treatment of locomotor ataxia was formerly popular; the patient was suspended from the head and neck.

MISCELLANEOUS ARTICLES

LUNG-STRAPPING IN CHRONIC COUGH.

I AM sure that the 40,000 readers of THE ALKALOIDAL CLINIC will thank me for calling their attention to this operation, especially at this season of the year when all sorts of coughs are prevalent. If they do not give thanks before trying it they certainly will afterwards, when they see the immediate and positive relief the method affords. In fact, in the cough of phthisis, I believe it is the best and easiest way to get the benefits of Dr. John B. Murphy's operation of compressing the lung by the intra-pleural injection of nitrogen gas, without any of its disadvantages.

The operation is so simple that any one, the nurse or even the wife or sister of the patient, can perform it. Any good adhesive plaster two inches wide will answer the purpose. Porous plaster cut in two-inch strips and attached end to end serve the purpose, but I prefer zinc adhesive plaster (Bauer & Black) which can be had in ten yard rolls of the required width.

Supposing we wish to strap the left lung: We commence at the xiphoid cartilage, two or three inches below the left nipple, and bring the strip around the side to a half inch beyond the vertebræ and clip it off, smoothing it over the surface, (which should be clean and free from grease) so that it adheres evenly. Then go back and apply the second strip $1\frac{3}{4}$ inches above the first (overlapping the edges), and so on until the top of the lung is reached, each suc-

ceeding strip reaching a little further over in front toward the right side. When the lung is covered apply two strips diagonally, up and down, on the back to hold the strips together more firmly; this is better although not absolutely necessary.

Of course I have a theory as to why this operation checks the coughing, and renders expectoration easier and resolution and healing more rapid (these are the results of strapping), but it is only a theory. I believe Dr. Murphy's theory of lung compression is that it rests the lungs. This is also my theory of the action of strapping and I believe it is a correct one. I also believe it is a better procedure than compression with nitrogen gas, and my reason for this is that it does not interfere with the passage of air through the lungs, as compression does, while it supports and reinforces the intercostal muscles.

This latter part is more important than it appears at first blush. Would you believe that the strain upon these muscles in coughing is sometimes so great as to *dislocate* or even *break* the ribs? Such is actually true. It happened to Mrs. W. F. Williams, the wife of an eminent lawyer of this city. She was suffering from la grippe, and in going up stairs was seized with such a violent attack of coughing as to break two of her ribs, and she collapsed and fell on the steps. She is now alive and well. Of course every physician is aware of the dele-

terious effects of a severe chronic cough on the valves of the heart. These are measurably lessened by strapping.

The patient does not suffer any inconvenience from the process—on the contrary feels relieved, braced up and goes about his business in much more comfort than he could otherwise feel. I have strapped the lung in cases where the patients could not sleep for coughing, even after taking their regular nocturnal dose, and had them stop coughing after it and get sleep.

Now, observe that strapping is not intended to take the place of or interfere with the regular medical treatment of the case, but you will find that with its aid, you will get decidedly better results and that you will not have to administer half as much medicine. At the same time you add so materially to the comfort of your patient that he feels it as a positive relief. Leave the straps on as long as necessary or remove and renew. The patient will not cough one-third as much, and when he does cough, the effort of expectoration will not produce one-third of the "shaking up" wear and tear that it ordinarily does. Try it and report.

T. W. WILLIAMS.

Milwaukee, Wis.



MALARIA.

I was much pleased and benefited by reading the two articles in the October and November CLINIC, "Modern Ideas Concerning Malaria," by Dr. Waugh. On page 1122 the Doctor says: "The practitioner in malarial districts gets to see this malady in everything; periodicity

and a curative effect from quinine suffice, though these are uncertain."

I do not contend that periodicity always indicates malaria, but in all cases I have met where there were periodic attacks the free use of quinine proves decidedly beneficial if not curative. What more do we want? It may be as the Doctor seems to think, that we in the malarial section are so accustomed to seeing malaria, that we expect to find it everywhere. Certainly it is seldom we are disappointed.

There are few physicians who practice in the malarial section but will testify to the fact that they meet it in ninety per cent of their cases. I often meet with cases (I call them malarial rheumatism) where the patient has well marked rheumatic pains coming on at a given time in every twenty-four hours, lasting a few hours and then passing off leaving the patient easy and free from pain until about the same hour the next day. In these cases anti-rheumatic remedies (in my hands) have no beneficial effects, but quinine cures in the majority of cases.

Many people in malarial sections have what they call "sun pain," i. e., they have a severe headache that attacks them about sunrise and lasts until sunset. In these cases there is a period of rest as in the rheumatic cases and a "clean up, clean out" treatment followed by the free use of quinine during the night has never failed to cure them, at least that has been my experience.

I am not prepared to say that malaria affects the fetus in utero. I had a little patient twenty-four hours old that had a full-fledged chill followed by fever, and so determined was he to follow in the footsteps of his father that he had a chill every day for three days before I



The object of the suspension treatment was to stretch the spinal cord; this relieves pain and encourages nutrition.

Instead of suspension, flexion of the body upon the trunk is now practiced; this answers the same purpose and apparatus is not needed.

cured him, which I did with calomel and quinine. The question is, where did he get them?

I had a lady patient who had a chill at 6 a. m., followed by fever lasting a few hours; she was confined and had a baby at 1 p. m. and another chill at 6 p. m. I told her that I thought she had had enough for one day.

In the first case the child could not possibly have absorbed the poison after birth, yet the mother had no symptoms of malaria then, nor for months after. In the second case the mother was full of malaria (she had several chills after the birth of her child), yet the child was healthy and remained so.

I report these cases simply as some of my experiences with malaria but not to controvert any modern ideas in regard to it. But ideas and theories are often directly the opposite of experiences.

H. C. BUCK.

Lyman, Miss.

IN THE HILL COUNTRY.

Estill Springs is a resort in the heart of the hill country of Kentucky, celebrated for its staunch unionism, its feuds and its moonshine whisky. Many thousands of its matchless marksmen joined the Union army. Descendants of the Scotch-Irish, themselves sprung from the Scotch and English Borderers, the feuds of the clans are perpetuated here. The visitor sees nothing of this, however, only that perhaps the marked courtesy shown by these men may possibly have its origin in the serious results that might follow its absence. Whisky is indigenous. One of the speakers said that if a hill-man felt sad he shouldered a sack of

meal and an old gun-barrel wrapped about a sapling till twisted into a worm, and hied to the solitudes of the hills, where he distilled a liquor, the second taste of which would make him heave rocks at his aged grandmother.

The timber is being rapidly cut off, leaving land too poor and broken for farming, but which may prove valuable for vines and fruit. Possibly the product of the famous stills of Kentucky may yet give place to its wines. Oil has been found in this county and a number of wells are producing up to one hundred barrels a day each, of a very good quality of oil. There are few negroes, and except when congregated in the lumber camps they are quiet and inoffensive.

There is no untilled farm land here as in the states south, nor are there such openings for business; in fact, there must be a surplus population for supplying the sturdiest of pioneers to other sections.

The physicians are very far from being "hayseeds," but in culture and skill compare favorably with the average city physician. It is said that they excel in treating gun-shot wounds, but that is probably told in a jocular sense. I happened to mention that painful affection due to sinking of the lateral arch of the foot, when one of them whispered: Morton's metatarsalgia.

This is a town of seven hundred inhabitants, with three physicians, two of them graduates of "old Jeff." under Gross, at whose name their hats are reverently raised—the writer's with them.

Typhoid lurks in these lovely valleys, though not in this, where the water is exceptionally pure; while diphtheria, malaria, and pneumonia are the chief enemies. Malaria is subsiding as the



For the pain dependence is usually placed on the cold tar drugs—acetanilid, phenacetin, etc. Codeine may be added.

Beware of opiates in locomotor ataxia; narcotic habits are easily formed, and these things check secretion and add to toxemia.

fields are drained. Tuberculosis is common, the Hanging Rock Iron Region being more affected than any other part of the country, one physician stated. We hear the same talk as elsewhere of the spirit of commercialism in the profession, and one lay speaker spoke of the doctor as getting the reputation of being a pretty "smooth money-getter." But the general talk seemed to show that the Mac Laren type is still the ideal, rather than the pawnbroker. More interest seemed to be taken in nasal adenoids than in any other professional topic, but it was not clear if this were due to the prevalence of the malady or to that of specialists in its treatment; the latter most probably.

The Kentucky Valley Association is only about ten years old, but next to the State Society is the largest medical organization in Kentucky. It holds two meetings a year. Members come by rail or on horseback; less frequently in buggies. The papers presented differed but little from those heard in a city meeting. In fact, the traditional country doctor has become as rare as the great auk and will soon join the dodo in extinction.

The hotel at the Springs has two hundred rooms and is well filled throughout the summer. Rates are low as compared with northern resorts; ten to twelve and one-half dollars per week. The table is fair, cooking good, service good; all simple and sufficient. The Springs are a sweet sulphur, smelling strongly of sulphides, and a chalybeate. The laxative action of the former is usually increased by adding salt. The scenery is lovely and not damp like Bedford Springs. A large dancing hall shows the character of the guests, no other forms

of amusement being visible. *Nota bene:* On the road leading to the Springs are six tunnels—and they don't light them!

An inexpensive summer resort, pleasant for the young, the waters useful mainly from their sulphur, in suppurative affections and rheumatism. The roads are too steep for wheeling, but everybody rides and horses are abundant. The guests come from all parts of the country.

W. F. WAUGH.

Chicago, Illinois.



MALARIA.

As previously remarked, perhaps I feel when talking of malaria something like those eminent hat-straining personages called authorities. If the editor will permit the audacity, I would like to expound a few comments upon the many able essays in the November CLINIC concerning malaria.

Dr. Reid at last gets to the point and says, "Give aqua regia." Good! I mix the dilute acid one to six with water so as to avoid drop doses which are unsafe. I direct the mixture to be taken in half a cup of cold water after meals. If strychnine arsenate is indicated, as is the case when the teeth indent the tongue, add 1-30 grain granules so that 1-40 to 1-80 grain of strychnine arsenate is taken with every teaspoonful of the aqua regia mixture. Dr. R. and the editor are both for the small frequent doses of quinine.

This is all right in theory, but bad with cow-boys and others of the "Whoop 'er up" stripe. When the patient will go to bed with his spurs off, and the landlady gives the medicine every two hours, prompt improvement is plainly in sight, and there is no sense in a medical man



Electricity is sometimes of service in relieving the pains of tabs and possibly it may modify the disease at times.

Lumbago is a form of muscular rheumatism; its exact pathology is not clear, but probably it is a myositis, inflammation of muscle.

rendering himself unpopular by turning a hotel into a hospital and expecting somebody to give medicine every hour or oftener. One man will easily gulp down 15 to 18 grains every twenty-four hours or 10 grains every twelve hours and it is there, but if we would give a grain every one hour he might get five grains and no more for a few hours, the case being forgotten until chill number two causes "Doc." to be taken to task for failing to stop the next attack. And the same with the calomel—I can make him swallow the ten grains at once and there is no uncertainty. On the large dose plan my patient or my patients are back at work in four days or sooner, taking saline laxative one to three drams per day in one to three doses, 15 grains of quinine every twenty-four to forty-eight hours and the acid sometimes three times a day. I fix up quite a few malarial patients that other doctors have worked upon by the small dosage plan.

A California cow-boy rides the range from fourteen to eighteen hours per day. He eats "mulligin" on the lope; he sleeps on the lee side of a hard bunk and his life is plain and tough. He will take your medicine three times per day and get well, but you can't pile it into him every hour or two unless you get help.

What Dr. Price says about malaria is to the point. As to the acid iron treatment of Brodnax, it fills the same indication as the aqua regia and in anemia it may go it one better.

The method of Dr. Bennett outcalomels my time. In my premedical days I saw a bit of Arkansas and I rather think he, like myself, cannot always get a retinue of servants, not to say nurses, to dance attendance upon patients and

give them medicine every one-half to two hours.

Dr. Dimoway's plan of giving calomel and quinine works nicely in a well-regulated family when folks have tablecloths, sheets, etc., and take off their boots when they go to bed. He mentions a "back action" of quinine which arises from its use without aqua regia, saline laxative and intestinal antiseptics. Quinine and calomel alone are not much better on a *plasmodium malariae* hunt than blank cartridges for a raid upon jack-rabbits. When the remittent type is present, or when the fever is going up towards "chill," I give the patient a sponge bath of ice water and a defervescent granule every fifteen to twenty minutes. If the heart is first class I give acetanilid compound tablets also. It takes a rumpus to get medicine given so frequently.

Dr. Field, page 1182, knows his business. There is a way to treat malaria successfully both by plans like those of Dr. Field and Dr. Brodnax. When the next chill heaves in sight the Brodnax plan is to knock it, with acetanilid I believe. Now will it not frequently steal a march on us this way? With my plan I feel secure. I know the malaria gets knocked out every time around these parts; but if he does not begin soon enough or with sufficient dose with that acetanilid—how then? There is more or less of a chill. The patient kicks and results, though imperfect through *his* fault and not the doctor's, are charged up to the doctor just the same. It is *immediate, telling*, as near as possible *instantaneous* effects that people demand of a doctor.

Dr. O. Houts' electrical treatment of malaria interests me. With practice



Lumbago frequently follows exposure to cold and strain, but the subject has a rheumatic diathesis.

In most cases the pain is relieved by applications of heat; a hot water bag or a hot flat-iron will give relief.

rushing a doctor has no time to fool with electricity, but in dull times the writer has found it "the thing." It is a handy thing to help people when they are morbidly desirous of spending a lot of money for a little treatment. It gives novelty, sensation, it looks smart, up-to-date. That is why I bought a Wagner Static, Nebulizers, Ionizers, Vibrator, etc., because they show up and decorate the cash department in dull times. With these in the office and a compound microscope the doctor gets no time to use, the public is nicely, very nicely impressed, and let me say to all of you, "Get 'em, get 'em good and plenty." Dr. O. Houts is all right.

I find no fault with the method of Dr. Marshall. When I treat malaria in a sensitive person I resort to these small, frequently-repeated doses of calomel myself, and by the time two grains are taken at the rate of $\frac{1}{8}$ -grain every one-half hour, with the help of a little saline, something comes and the emptying out is truly sublime.

If I am the nurse myself I have no objections to these small doses of calomel. One night my better half took a violent headache and was almost cross. In the pocket of my shirt I placed a bottle of 1-6-grain calomel granules. I woke half-hourly all night and gave them to her one at a time. When sixteen were taken I gave her two drams of sodium phosphate, and behold, the well-laid plans of a pioneer plasmodium colony were deranged beyond reorganization and my better half bit me with the same dear earnest ardor within sixteen hours, and her bright brown eyes told me that behold, there was no malaria germinating autointoxicant elements there.



If the pain is very severe, it may be necessary to resort to hypodermics of morphine and atropine to relieve lumbago.

How many men, I wonder, with wives as interesting as mine would wake up every half hour and give them a granule, except under serious provocation?

Reading Dr. Buck's report I note he practices where people like to treat themselves. It is desirable to shun these self-treating people and we do not blame the doctor for sending them off to the mountains, though it is hard on the mountains. I know a town a few thousand miles east of here where 1,500 population get along with two *ten-cent* barbers. California towns, on the contrary, sport ten twenty-five-cent barbers to the thousand people, money circulates, and only in a few localities do we find those hide-bound, nickel-pinching, economical populations that never pay a doctor bill without a wrangle.

As to marsh water and malaria, old Californians say that before irrigation there was no malaria from the Coast Range to the Sierras, but now, beside the "Tuley" swamps, malaria stands ready, as Dr. Buck says, "to chip in with any old microbe."

Dr. Damon's article calls to my mind a few cases of malaria cured by change of locality. Near Evanston, Wyoming, Dr. H. and myself, together, in 1890, treated a child at the coal mines. This child, in spite of all we could then do, had malarial fever all summer. We moved the child to Coalville, Utah, and in three days it was well and remained well without more treatment. In those days I had not caught on to the saline and sulphocarbolatetreatment and I do not remember that we used the aqua regia. In Cathlamet, Washington, when the town was having a boom in 1892, I found that malaria went with newly dug wells. Other physicians along the Columbia

Acupuncture was formerly much used to relieve the pain of lumbago; it is now seldom employed—patients object.

River had also noted this. In Dungeness, Wash., where rain was excessive, malaria was unknown, and in irrigated Utah in different parts of the state I have found rather indistinct types of malaria in low ground crowded with heavy vegetation shading the house. Once I found a woman with malarial fever on a Columbia River island, the doorsill of the house within six inches of tide water. Though very sick I moved her in a fish boat to the Cathlamet wharf and placed her in a house built upon the cliff. She was well in thirty-six hours and the change for the better was so sudden that I fear the reader must doubt my diagnosis. The wet air at river level and the air upon that wind-swept cliff were widely different.

All along the Willamette Valley where the river almost annually overflows, I have seen much malaria as bad or worse than that of the irrigated California valleys. Western Oregon is very humid, while between the Sierras and the coast range of California the air is dry and the irrigated lands covered in places with stagnant alkaline water. It is so many years since I had experience east of the Mississippi that I will make no observations upon that region. I have for years advocated the idea that a doctor should occasionally change location.

Malaria, more than any disease I know, is marked by local peculiarities. In the South we observed the malignant forms that are never seen in the North, also we do not look for it in high altitudes; though I have seen it as stated in Wyoming and Utah. Malaria probably makes more work for the doctor, wherever it thrives, than any other disease. Where it is present at all it is always to

be considered in the diagnosis and treatment of every fever or possible fever.

C. E. BOYNTON.

Los Banos, Calif.



NUX VOMICA OR ITS ALKALOIDS.

The alkaloidal idea is finding friends everywhere, friends who are not afraid to speak of the faith that is in them. In reprinting the following letter from the *Medical World* we give only one of many contributions which have appeared in recent journals testifying to the truth of this statement. That's right, Brethren. Let the good work go on.

Ancient conceptions of the practical value of materia medica study still prevail among members of the medical profession.

Essays continue to appear in the medical journals of today, in which we are expected to read long-winded descriptive matter as to "habitat" of certain medicinal plants, the common and technical names, the shape of the leaves, the color-tints of the flowers, the contour and dimensions in centimeters of various nuts, beans and berries (whether they are smooth or hairy, externally; their internal botanical construction), and other data of no practical use to the man in the community whom people call "their doctor" and who goes about "doing things" for the sick.

An article on "Nux Vomica" recently appeared in a medical journal in which a larger part of a column was devoted to the above kind of descriptive detail, which, to the purveyor of crude drugs or an experimenter in organic chemistry with a steady income and ample time to spare, would be of deep, technical interest.

But to the practicing physician, who "has more journals than he can read now," this is a demand on his time not



Ammonium chloride in 30-grain doses was formerly a great favorite; sodium salicylate is now much more fashionable.

Remembering the rheumatic diathesis, clean out thoroughly with calomel and salines and give colchicine "to effect."

willingly granted, because unprofitably consumed.

There is one question of the utmost importance concerning *nux vomica*, as there is concerning other medicinal plants, and that is, *what part of the drug is it that acts as a remedy?*

Now, let us get at the practical aspect of the *nux vomica* question. This drug has been botanically described and classified, and chemically "dissected." It contains two alkaloids, *strychnine* and *brucine*, and, so far as remedial effect is concerned, an inert acid (igasuric); the rest being "wood and stubble."

The alkaloids are the *active principles*, and if one is milder or has a shade of action specifically differing from the other, they should be studied separately as distinct remedies of the same class—not in their uncertain combination in the crude drug. Otherwise there is a halt in the procession of medical research, which, if carried to its logical conclusion, will leave one so far in the rear that the band wagon will be out of sight.

In the essay above mentioned the writer says: "Although their effects may be similar, that they are not the same is proved by the fact that *nux vomica* sometimes affords much better results than can be obtained with *strychnine*."

The tincture of *nux vomica* is the most popular of the galenicals used by the profession, and should contain 15 per cent of alkaloidal strength to be in accordance with the Pharmacopeia; that is, its efficiency as a remedial agent depends upon the contained alkaloids to a certain definite amount. But it has been ascertained repeatedly, beyond any question or doubt, that the tinctures sold on prescription in the shops contain anywhere from 15 per cent down to a mere trace of the alkaloids.

One large New York firm buys all the available *nux vomica* that assays a reasonable amount of alkaloid, for the manufacture of *strychnine*, and the inferior products are sold to economical or unenterprising pharmacists for making tinctures.

But, again, there can be no really scientific medication when uncertain remedies are used, and it is clear that tincture of *nux vomica* is an uncertain compound, containing variable proportions of the *active principles*, the *real remedial agents*.

Does the experimenter and teacher of physiological chemistry, or drug action, as affecting the animal economy, ever employ "*nux vomica*" in his experiments to show its action upon the nervous system? No. He uses the alkaloids—*strychnine* and *brucine*—because he requires, as a scientific worker, everything reduced to elementary principles—basic facts. Then should he go from his laboratory, where he insists upon having the most accurate forms of therapeutic agents wherewith to instruct the youthful "Medics" in their action on guinea pigs, frogs, etc., and write prescriptions for "*tr. nucis vomicæ*" for the human patients confided to his care?

Then, too, there is the old stereotyped mode of detailing, in real "yellow-journal" style, the amount of "powdered nut" or "tincture" of *nux vomica* that statistics have shown would kill a man, and every quiver of the lethal procedure. Of course, we all expect to have an occasional "poison case," and should be prepared to administer the proper antidote, but why go over the fine shades of poisoning in an essay upon the *uses* of an important remedy?

This brings us around to the dose idea. The old works on materia medica (and most of the recent ones follow the old models) all set down, like laying brick, a "minimum and a maximum dose;" and this, too, in the face of the fact that no two persons are alike in personal appearance or physical make-up. Therefore, who can be an "authority" as to the "dose" adapted to all individuals under all conditions, and particularly of preparations as uncertain in their active-principle constituency as the average medicinal tinctures?

Go to, Brethren; let us not be absurd; the active principles should be studied as to their individual action, first, and



All rheumatic diseases are remarkably relieved when the bowel is cleaned out and kept aseptic. Intestinal antiseptics are useful.

Is it not possible that much of the benefit derived from the use of the salicylates is due to their antiseptic action?

then we can combine them rationally to meet rational requirements.

All there is in *nux vomica* besides strychnine and brucine, of a remedial nature, is inert matter and—superstition. Of course, we do not forget the coloring matter in the tincture and fluid extract!

That strychnine is the best *incitant to vitality* we possess, is without argument. It is as certain and reliable as anything in medicine. It acts upon the spinal centers, strengthening the respiration, giving tone and vigor to the heart, increasing normal secretions, and is our mainstay in all conditions of debility and paralysis.

The question of dose is practically covered in a scientific manner by giving the *minimum* dose frequently repeated until the desired effect is produced in each case—that is, give just “dose enough” and not too much.

The standard granules of *alkalometry*, or active-principle therapy, are made for this purpose, and represent a big step forward, and a most important one, in practical, scientific medication.

ROBERT N. STERRETT.

521 W. 123d St., New York.



UTERINE HEMORRHAGE.

Miss H—, seventeen years of age, became my patient late in June. There had been missed and scanty menstruation for three years, anemia marked. Three months' medication, electricity and hot air gave vast improvement and a dozen additional pounds of *avoiropois*. Then came a hemorrhage with an elicited history of a hemorrhage dating back three years and a succeeding one the autumn following. The hemorrhage was missed last autumn to return at the usual time this year.

Owing to infantile conditions I attempted to check the flow for one week; still finding the life-blood trickling away,



In addition to cleaning out endeavor to eliminate the poisons within the body. Try calcium and lithium carbonates—*calcalith*.

the color giving evidence of its being arterial, I decided that there was a weak spot in the coat of a uterine artery, I began with chloroform, olive oil and a rectal speculum, later using a small vaginal speculum, applied adrenalin chloride without results, then thoroughly painted the endometrium with tincture of iodine pure, with the result of a complete stoppage, the young lady doing her housework a week later. This, in comparison with the two former periods of two months each, bedridden, was very satisfactory to her and she is still gaining flesh by use of triple arsenates and nuclein.

I now have a typhoid fever case that I will report later; it follows a triple complication with peritonitis, gallstones and pneumonia.

F. MILTON FRIEND

Lamar, Colo.



The way to secure results is to search for the cause and find it, as you did in this case. We congratulate you upon your success. Let us have the report of that typhoid fever case.—Ed.



THE TREATMENT OF HEMORRHAGE.

That the medical profession is beginning to appreciate the immense importance of maintaining vaso-motor equilibrium in hemorrhage, shock, etc., is shown by the increasing number of articles which appear upon this subject in the journals. The following is an abstract of an article by Francis Hare, which appeared in the London *Lancet*. We quote from the *Medical News*:

In rheumatic diseases the urine is acid and highly colored; the use of the alkaline diuretics is indicated in these cases.

Thirteen cases of hemoptysis are brought under consideration with the following conclusions: Twelve ceased within three minutes, the thirteenth having continued to bleed for ten minutes. These were all cases of hemoptysis and amyl nitrite was given by inhalation. It certainly can do no harm to break a pearl under the nose of a patient suffering from this form of medical hemorrhage, and if this rather insufficient report is to be allowed to give weight, the treatment may be considered capable of much good. The drug acts, as pointed out by the author, by suddenly lowering the peripheral resistance in the systemic arterioles, thus reducing the blood pressure in the pulmonary circulation indirectly through the fall of blood pressure in the left auricle. It is a singular fact that in these thirteen cases, there has been no recurrence of the hemoptysis. This is the more singular when one considers that the action of the drug is extremely evanescent. In but one case did the hemorrhage occur within two hours, and in half of the cases there was no recurrence. It would seem that the period of time during which there is a diminished arterial pressure is sufficiently long for coagulation to become well established. Arguing by analogy, it becomes obvious that in the absence of amyl nitrite, plunging the patient into a very hot bath, would have the same effect. The mouth and nose should be protected from inhalation of the hot air, indeed cold inhalations should be given, if possible. By a reversal of the processes which caused asthmatic dyspnea, migraine and metrorrhagia, these processes should, theoretically, at any rate, be limited or entirely abated.

—:o:—

This is an illustration of the truth of a principle that the CLINIC has been teaching for years. But while amyl nitrite is all right, glonoin is better; its action can be more carefully regulated, the dosage is more exact, and its action

is more prolonged. Follow it with atropine to maintain this action, restore tone to the vaso-motor system with strychnine, and the ideal is more nearly reached. The method is useful not only in hemorrhage and shock, but, as Dr. Hare says, in asthmatic dyspnea, migraine, metrorrhagia and many other conditions.—ED.



A FIELD FOR PHYSICIANS.

The young practitioner who is looking about him for a field in which his abilities may find full scope for development should look toward China, where the need for the Christian physician far exceeds the possibilities of supply. Read the following from *China's Millions*:

Medical missions have long passed their experimental stage. As a philanthropic ministry to the afflicted peoples of mission lands, they would be amply justified by the results achieved in the relief of suffering and the cure of disease. But the labors of the medical missionary are directed to the winning of souls to personal faith in Jesus, by means of the confidence and gratitude which his skill calls forth from his patients; and in this higher service God has greatly blessed the work of consecrated men and women physicians. The one regret which missionaries and native Christians in China alike feel, is that the supply of Christian doctors is so lamentably out of proportion to the all but incredible need on the one hand, and to the profitableness of the service on the other. It is with the earnest hope that these lines may arrest the attention of some young medical practitioner or student, that we repeat a statement made by Dr. Frank A. Kellar, formerly a secretary of the student volunteer movement, and now of the China Inland Mission, at Chang-sha, Hu-nan, to the effect that, whereas in the United States there are 4,000 graduates of medi-



If there is a febrile condition in your case of lumbago of course you will equalize the circulation with aconitine.

In cases of lumbago which are worse at night cimicifuga and rhus tox. are often efficacious; favorites with the eclectics.

cal schools to each 250,000 of the population, there is in China only one medical man or woman to the same number of people. Taking into account the fact that some who are graduated never practice medicine, and making all other deductions, it is still safe to express the comparative supply of qualified physicians in China and in the United States by some such figure as 1-2000. Chinese medical and surgical practice may be left out of account, or, if considered at all, it must be to add weight to China's cry of dire need, for the Chinese doctor is usually a heartless charlatan, and his treatment worse than useless.

—:o:—

The awakening of China is near at hand. The present war in the East is almost certain to arouse the great sleeping empire to the possibilities revealed by western civilization. What part are we to play in that awakening? No class of men is so likely to come in touch with these people and direct their lives toward better things as the physician. Here is work enough for all our medical graduates. The field is certainly big enough.
—Ed.



A MERE FLEA-BITE BUT IT PUZZLES US!

I write to ask your advice about a case of skin trouble that is rather obstinate and unyielding. It is a dermatitis but I am unable to classify or diagnose it; hence will describe and possibly you may be able to diagnose: The patient is a married woman about twenty-eight or thirty years old, mother of three children, all healthy, youngest about twelve months old. Some five or six weeks since this woman was cleaning out a room, shaking carpets and rugs, and so on, when she noticed fleas biting her on the neck. She caught and killed sev-

eral fleas on the neck and says there was a good supply of fleas in the room. Some fifteen or twenty minutes after killing the fleas there was a good deal of irritation of neck which in a few hours broke out with an eruption looking like measles; skin thickened and inflamed. This continued two or three days, spreading over neck, then down right arm, at palms, innerside of elbow, a space of four or five inches, then the back of hand became involved. In a few days both arms and hand were alike affected. The eruption does not cover the full length of the arm—extends a little above the wrist, then into bend of the elbow, inner surface of arm, a distance of four to six inches.

Now the eruption would, in the course of forty-eight hours, fill with a fluid, then break down and discharge this fluid. In a few days this discharge would dry up and the skin become dry and scaly and fall off. Sometimes there is a disposition for the eruption (pimples) to coalesce and form small abscesses—size of duck shot; let the pus or substance out, then the small abscesses dry up and skin peels off. Sometimes, for three or four days, it looks as if the disease was going away, then twenty-four to forty-eight hours after peeling off of the dry, scabby brand-like substance the whole involved surface becomes inflamed, and the eruption again appears and runs another course. At bend of arm the surface appears purple, or blue—this condition I judge is capillary congestion. The last few days there is a disposition for the eruption to invade the cheeks—that is, every few days I notice a few pimples on each cheek. Some of them in a short time break down, or if they are pricked, discharge a semi-purulent



A Turkish or other hot vapor bath will often cut short an attack of lumbago if taken at the start; eliminates and sets circulation right.

Northrup calls attention to the frequency of central or concealed pneumonia in infants.—*Chicago Med. Recorder.*

substance; then they dry up and peel off like the rest of the affected surface.

This is the condition as near as I can describe it. As I stated, it is a dermatitis, but I am unable to classify it and would appreciate your opinion and suggestion for treatment. I have tried the following treatment for one month: resinol ointment, zinc oxide ointment, with vaseline and carbolic acid added, also the ointment of the nitrate of mercury diluted with vaseline; over the moist surface—I believe I stated sometimes the surface is moist when the pustules break down and discharge a watery looking substance—I have applied aristol, giving internally "echitone."

I will say this is the first case of the kind I ever met with, and not knowing *exactly* what it is, I don't know whether she should have been relieved by this time or not, nor do I know what part the fleas played in the case, only this—the woman was cleaning out the room to get free of fleas, and claims the fleas stung her severely on the side of the neck and in a short time the itching, inflammation and eruption commenced and spread rapidly the length of the neck, and the following day the arm at the inner side of the elbow and back of hand, and wrist up half way to elbow commenced to inflame. The eruption set up the second day.

D. G. T.

———, Tennessee.

—:o:—

This is a puzzle, Doctor, and we are just giving your letter as it stands, to the brethren, with a request that they give any advice they may be able to from their experiences with fleas. This, of course, was a dermatitis set up by the

fleas. Evidently this species of the flea deposits a poison in the skin and the subsequent eruption was similar to that caused by poison ivy. Instead of being a *dermatitis venenata* this was a *dermatitis fleabita*. The only thing we can suggest is that you apply ichthyol one dram to glycerin two ounces, water two ounces thoroughly at night and give internally a saline, a teaspoonful twice daily for three days, with alnuin three granules and sulphur compound granules three every four hours after each meal; arsenic sulphide one, morning, noon and night, and two of the dosimetric trinity granules to equalize the circulation. This is just one of those cases that a man has to find the remedy for by experimentation. Will "the family" give advice?—Ed.

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EDEMA GLOTTIDIS, PROBABLY.

I am now trying some calcium iodized on a new case of croup, with satisfactory results. Cost will be no object if it is found to be the "specific for croup."

Relative to the other case I reported as dying from croup, I discovered that the little "tot" (three years old) had been in the habit of taking a drink of cold coffee out of the spout of the coffee-pot daily and that just before the croup seized her she had gone to the stove and taken a drink—of *hot* coffee that time—out of the spout, strangling herself and burning her throat. The mother gave her a "toddy" and put her to bed. When she awoke, in an hour, the child was hoarse and croupy and continued to grow worse for eighteen hours, when she died; not until every available means, however, to save her life had been util-

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Whenever the respiration-pulse ratio approaches 1 to 3 in infants always suspect pneumonia, whatever the symptoms.—Northrup.

Sudden onset of fever, dopiness and disturbed ratio need but rales to rivet the diagnosis in infantile pneumonia.—Northrup.

ized and exhausted, among them iodized calcium.

I examined the child's throat and it was not burned so very much, that I could see.

M. SMITH.

Page's Mills, South Carolina.

—:o:—

We just want here to call attention to the fact that calcium iodized must not be depended upon in diphtheria. It is an excellent adjuvant remedy there, also, but diphtheria is primarily a disease of the system and requires systemic treatment. We believe that antitoxin should be used early in such cases. As you use calcium iodized more freely you will find that half its utility is not yet known. Remember, Doctor, that wherever you can use iodine in any form, internally, calcium iodized may be used with better results and without any fear of iodism.
—Ed.



WHOOPIING COUGH AND MEASLES, CALCIUM SULPHIDE, GOOD AND BAD.

I have been somewhat tardy with this report, simply because I wished it to be as full as possible, and an honest one. Being merely a country practitioner, I have, even now, two or three of your preparations in the liberal supply of samples with which you furnished me, as yet untried. But at the first opportunity, where indicated, I shall use them with perfect confidence, due to the results obtained from those I have tried. In using the aconitine I found I had an aconite that was active.

I got a first-class chance with it in one of those old-fashioned combination cases



Northrup says to remove flatulence and correct indigestion in pneumonia; a gas-filled colon is relieved by hot rectal saline injections.

of whooping cough and measles. I followed my old rule (and the excellent directions in the Digest) saved up my arterial sedative, as you might say, until sundown, then began with my teaspoonful doses of the aconitine.

I gave my first three doses at twenty-minute intervals, then one every two hours, and by the child's bedtime, about 8 o'clock, instead of a whooping, howling, stamping, overheated little bundle of muscle and bones I had what I call a good case of measles. The temperature was 102° F. and stationary; there was a moderate cough and a steady pulse. With the foregoing, aided by a couple of granules of the infant's anodyne, my little patient passed a good night.

In treating diseases at the extremes of life, I am (in case affairs do not get too rough through the day) a great hand to reserve my forces, as it were, to fight for a good night's rest which, to my notion, does infants and old people fully as much if not more good than medication. I presume I deserve a scolding for not trying the calcium iodized in the same case, but he came along so nicely under the other two that I didn't.

The vaginal antiseptic is good, and will do all that I could ever get any suppository to do, i. e., correct the fetor and allay the itching; that in some cases is a whole lot but as a rule in these cases if you are not a good enough mechanic to provide some kind of support, either internal or external, for the organs of the lower pelvis, you will not do much permanent good.

At the risk of being considered prosy I must hasten back to my "first love" and relate an incident connected with calcium sulphide.

Mr. J. C. brought to me his little girl.

As a derivative, to remove the blood from the lung, Northrup advocates the hot mustard footbath.—*Chicago Med. Recorder*.

aged ten, who had been suffering for a couple of months or more with successive alternating crops of what we country folks call "pussy boils," in the axillary region; first, they would appear under one armpit then, as they disappeared, there would reappear in full bloom under the other. Said I to myself, "Here's my chance to try the calcium sulphide." But as I rose to go to the cabinet to get it I casually inquired (she had been under treatment) what she had been taking, and had the wind taken completely out of my sails by the reply of "calcium sulphide."

Well I had a notion to hit it a dash with iodized calcium, but luckily I happened to think that there's calcium sulphide and calcium sulphide, so I asked Joe to let me sample some of his. It was absolutely tasteless. It may have been lime, but there couldn't have been sulphur enough in a barrel of it to make a parlor match. Then I gave him one of the granules, directing him to let it dissolve in his mouth, with the result that he agreed to try calcium sulphide a little longer. As a lotion I dissolved one vaginal antiseptic tablet in a pint of water and directed it used twice daily. She's getting well anyhow.

I have tried your patience far enough for once, and merely calling your attention to the fact that I have still several more of the alkaloidal preparations to report on, and assuring you that at any time you should desire three or four pages of average good paper that has been spoiled by being written on, the same will be promptly mailed, carriage prepaid, on request.

L. THOMPSON CLASON.

Urbana, O.

Just such a report suits us exactly. We prefer to have physicians test the alkaloidal preparations thoroughly before giving an opinion. Cool, dispassionate and practical work soon enables us to sift the meritorious from the meretricious.

Your report on calcium sulphide is especially valuable. Calcium sulphide and calcium iodized both are remarkably useful drugs if good; but some of those on the market are absolutely inert and as calcium iodized is often used in emergencies the physician wants to be "right sure" that he has not an inert variety for his case.

We shall be glad indeed to have you "spoil" more paper in this way. Give us the other reports!—Ed.



ASTHMA.

In *The Medical Council* Dr. Floyd Clendenen tells how he relieved a man with asthma by purging him well with elaterium.

Well done, Floyd. Good boy. Now just keep at it; and if you persevere, and are not too pigheaded to see and own up, you may in time discover that many cases of asthma are due to auto-toxemia, and that anything that cleans out the bowel and stops the absorption of toxins will give relief.



CANKER SORES.

Two or three times lately I have had occasion to ask help of you and now wish to add my little "drop to the bucket" and help some others.

In the October issue of the CLINIC I have seen treatment for "sore mouth" and it reminded me of something I rat.



Northrup preaches a strong sermon for fresh air, lots of it, in treating these cases of infantile pneumonia; windows wide open.

Why do not more physicians "catch on" to the necessity of blood equilibrium in pneumonia? Some one tell.

across this spring, and which has brought me considerable satisfaction at times, i. e., a local treatment for the intense pain of "canker" sores on the tongue, cheeks and lips. Of course this must accompany the treatment of the stomach trouble, as usually carried out.

I apply to each sore, on a small piece of cotton wound on a probe or toothpick, a little "campho-phenique." This smarts as much as silver nitrate or other mild local caustics and almost immediately anesthetizes the part so that a meal can be indulged in with real pleasure where it was excruciating pain before. This I have applied before each meal and at bedtime and in combination with internal treatment has given me the best results of any treatment I have tried (and I have tried everything I could hear of as I have them frequently myself). In three severe cases I have had most gratifying results, the people having doctored for them before and never having been relieved so speedily nor cured in such a short time.

I hope this will help some others.

WM. H. VEENBOER.

Grand Rapids, Mich.

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Thanks for the "drop in the bucket." We are sure that this little suggestion concerning canker sores, which are annoying and not easy to remedy—as the writer knows from personal experience—will be helpful to the members of the family.—ED.

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ORGANIZATION—IT WILL PAY.

I want to send you a short letter to tell you how much I am in sympathy with you in your advancement of the

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idea of organization of the doctors for the purpose of protecting and improving their finances. It has to be done. The doctors are ready for it and will meet heartily any wise effort to accomplish that end. And it is coming. You and I and doubtless many other doctors see and feel that we are to have it and that the time is not far distant when our great and grand profession will stand shoulder to shoulder, not only for the advancement of medical science, but for the protection of each other against unjust demands by the public and against unjust and selfish criticism by the members of our own profession.

The Presbyterian members of Chicago are right. Let the doctors of Chicago set the example for doctors of all other places to follow. And why should not the American Medical Association do this work of organization? Let them employ and pay able men to accomplish the work and the doctors will not be slow to respond to such an effort.

Nine months ago the doctors of our county organized a society. It has made us better doctors and it has shown us how to unite on matters of finance. Not that we are charging too high, but that we have stopped cutting prices. In settlement with a patron yesterday this understanding saved me almost \$40.00, and the patron was perfectly satisfied. All he wanted to know was that I was not charging more than the other doctors, and when he learned that we all charged the same he was satisfied.

Keep it up, Doctor. You and your journal have the influence to vastly advance this most needed reform. The country is rich. The cost of living and supporting a family has so increased that

Bulkley says that in fully 4,000 cases of eczema in his practice at least 30 per cent were in the gouty class.—*Med. Record.*

Many skin lesions are dependent upon gout, rheumatoid arthritis, diabetes, obesity and scrofulosis.—Bulkley.

self-preservation demands that this step be taken.

E. L.

———, Kansas.

—:o:—

Pay? Of course it pays! If the physicians of the country could "get together," forgetting personal jealousies, the bitterness would be taken out of "competition," which ought never to become a mere scrambling for business through price cutting; this is ruinous to all concerned, patients as well as physicians. Just see how it paid in this one instance—saved nearly \$40 on one bill! Physicians everywhere should enter into the work of organization—and the "regular" methods as outlined by the American Medical Association furnishes the channel.—Ed.

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PROTECT THE GAME.

There are a few things outside of our own particular field that should so appeal to the nature-loving doctor as the effort being made, under the generalship of Mr. G. O. Shields, editor of *Recreation*, for the protection of the fast-disappearing game birds and animals of America. We doctors like to fish and hunt for recreation; we doctors like to see the birds flitting among the trees and the squirrels chasing over fences as we ride our circuits; therefore we should be willing to help in this great movement.

Mr. Shields needs, asks for, and should have the hearty coöperation and support of all true sportsmen and all nature lovers. That means us, and you can not support him better than by subscribing for and saying a good word for his magazine, *Recreation*, as I have and as I do. In the first place, you will get many

times your money's worth in enjoyment out of the journal, as will also those of your friends who accept your suggestion and subscribe; and in the second place, which is of far greater importance, you will be lending your help and influence to this preservation movement.

Recreation's address is 23 West 24th St., New York, N. Y., and its editor is a sportsman and a man, every inch of him, such an one as we are honored to be privileged to support in his undertakings.

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A QUESTION AS TO COMPATIBILITY.

If caulophyllin and strychnine are antagonists, then I should think the latter and hyoscyamine are antagonistic, too; they are not synergistic but are frequently recommended together as in cathartics, intestinal colic, strangulated hernia, etc. Besides, Shoemaker says: "Caulophyllin is an emmenagogue and parturifacient." If that is so, then strychnine ought not be contraindicated because I gave or give it to stimulate lacking or lagging uterine contractions. I did so on your recommendation under "Labor." Or do you mean that strychnine will make a rigid *os* still tighter, which again would be overcome by its action on the more important body of the uterus? Of course I don't give it except for increasing the strength and frequency of the uterine contractions. Have we really proof that caulophyllin will soften the *os*? And if it should do this would it not also soften the rest of the womb and thus rather retard labor, except where excessive irritability and contractions are present?

I presume hyoscyamine is only given to allay excitability, irritability and pos-

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In the treatment of skin diseases the physician should not overlook metabolic errors; examine urine.—Bulkley.

The American Red Cross nurses have returned from Japan. They had a lovely time, but didn't do much nursing.

sibly pain? Then, if I understand the indications for caulophyllin right it is not to be used as "a stimulant to the uterine function" (Shoemaker) like strychnine, but as a sedative (Abbott) where spasmodic conditions and abnormal (increased) contractability is present—when hyoscyamine would also be indicated.

I can readily see that when we thus define its action it would be contrary to reason to use strychnine at the same time. But how about the use of strychnine (with hyoscyamine) in intestinal colics, strangulated hernia, etc.? We could also assume here that it would *increase* the spasms and contractions.

It is a difficult matter to closely observe such drug actions, to positively exclude concomitant influences, effects of natural tendencies and other factors. I find that no matter how rigid the cervix or perineum may be it will soften—will yield—if we give it time—that is, if good pains continue. The resulting congestion or even edema will do the work. Strychnine, in divided doses up to gr. 1-8, or even gr. 1-5, will continue firm contractions. But this also (usually) means more pain (suffering) and then the important question arises, will any of the drugs we have to give (chloral, chloroform, hyoscyamine, antipyrine, small doses of morphine, etc.) to lessen the suffering interfere with the action of the strychnine, and vice versa? How are we going to get around this problem? Some employ quinine to stimulate contraction, but it is apt to upset the stomach, or, if already irritable, will not be tolerated at all and it undoubtedly produces a tendency to post-partum hemorrhage. Strychnine has been very satis-

factory in my hands—if it doesn't interfere with the above-mentioned sedatives.

L. F. SCHMAUSS.

Mankato, Minn.

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We will leave the readers of the CLINIC to give their ideas upon this subject. As regards strychnine and caulophyllin we would not attempt to argue, for the simple reason that it is a question which could be argued indefinitely. In some cases the two drugs act beautifully together; in others they would unquestionably prove antagonistic. Theory and fact sometimes do not "gee" exactly; we know what a drug ought to do, but sometimes some peculiar condition of the system prevails and the results from its exhibition are directly opposite to what we ought to obtain according to theory. Such suggestions as we make ought to be useful, for the reason that they are born of a somewhat wide and varied clinical experience and, even though theoretically they may be open to question, they will be found to work in practice.

In leaving the solution of the above matter to "the family" we remember that it is easy to propound problems but infinitely more difficult to solve them satisfactorily.—Ed.

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PNEUMOGASTRIC SEDATION.

Dr. Q. Cincinnatus Smith, of Austin, Texas, writes calling attention to Dr. Waugh's recommendation of a small hypodermic of morphine to insure the retention of the maximal doses of emetine in treating alcoholism or tropical dysenteries. Dr. Smith rightly states that a hypodermic of atropine is preferable, it

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Lucas-Championnière advocated massage for phlebitis in the French Academy of Medicine! They properly sat down on him,

Zurich, Switzerland, is to furnish free medical attendance to all its inhabitants. Forty doctors maintained by the city.

being more directly and powerfully sedative to the pneumogastric nerve. He administers this and then waits till the throat begins to be quite dry, then gives the large dose of emetine, or ipecac. In urgent hemoptysis he has often given a heaping tablespoonful of the best powdered ipecac, in water, the bleeding ceasing almost immediately. Vomiting is rare, but soon free purging comes on, with great relief.

To this we give assent, except that under no circumstances should anything except emetine be given internally when vomiting is to be avoided; for reasons given in the article to which reference is made. The user of pure emetine has a weapon in his hands of wonderful efficacy, highly tempered, keen as razor steel can be made, sure in sure hands. Precision, promptness and power characterize his therapeutics, and before he himself is conscious of it, the public has learned to associate these qualities with their conception of the doctor himself.



NO CLOCK, SO HE USED THE SUN!

Although I have just begun the use of granules I am more pleased with results than under the old system. I am discarding the old galenics as fast as I can "catch on" to the use of active principles.

There is one stumbling block in the way of the use of such powerful drugs as aconitine. A great deal of my work is out among the illiterate and ignorant poor. They have no watches, no clocks, and sometimes they are unable to tell the time when they have one. I was called to one of these patients about six



An anti-quackery exhibition was recently held in Breslau, the whole paraphernalia of the quack being displayed. Let's have one here.

miles out from my office and about fourteen miles from civilization. It was a young girl with fever up to 105° F. There was no timepiece in the house and none could be procured. I had no drugs but my little case of granules.

I counted out the podophyllin and calomel granules and gave them at one dose. I made a solution of the aconitine granules and then a happy thought struck me. It was a pretty sunny day and the shadows were well defined on the floor. I made a mark where the shadow was, gave a dose of the solution, waited fifteen minutes, marked the place where the shadow had moved to! The shadow had moved about one and one-half inches; I measured the floor off in such spaces and directed the solution to be given every time the shadow had moved to another line. The next day the girl was well. I am not writing this for publication, but wish you to know what a hard time some of us have.

J. M. SUNDAY.

———, Texas.

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Glad to know that you have had such pleasant results from the use of the alkaloids. You will find that the active principle granules are perfect and the only thing necessary is for the "workman" to get thoroughly skilled in the use of his tools. It certainly is a disadvantage to practice among people who have no watches or clocks, but they have a mighty good idea of time, somehow, and such drugs as calomel and podophyllin can be given "every little while" with pretty good satisfaction.

Your idea is a good one as regards the shadow—the old sun dial in a new form. The man who thinks and meets

A society for the Prevention of Dust is the latest thing. We need a working branch in Chicago—we have the dust.

conditions is the man who succeeds everywhere. We take the liberty of publishing this as it just serves to show some of the busy practitioners in large cities what their country brothers have to contend with and how nobly they conquer the difficulties they do encounter.—Ed.



THE ALKALOIDS GIVE BEST RESULTS.

Alkaloidal medication is daily giving me better results and I am getting better results than I could possibly get without the little reliable granules. Calcium iodized is a Godsend when your patient is a little child with membranous croup.

R. H. C.

———, W. Va.

—:o:—

We need not tell you that your success is a gratification to us, and we can also say with truthfulness that the more you use the alkaloidal granules the greater success you will experience.—Ed.



INTERNAL ANTISEPSIS.

When "steady and stolid" Germany expresses herself with such enthusiasm as the following excerpt shows, who can point the finger of scorn at us? It is not THE ALKALOIDAL CLINIC, that exponent of healthy and robust optimism, but the *Berliner klinische Wochenschrift*, that is hurrahing as if it had helped elect Roosevelt. The abstract is taken from the *Journal of the American Medical Association*:

Triumph of an Internal Disinfectant in Phthisis and Other Severe Infectious Diseases.—Dr. Konrad Kuster is "privy councilor of the public health" (Geh.



The staff of the Cook County Hospital was to be placed under civil service—but the examination idea aroused no enthusiasm!

Sanitätsrath) at Berlin. In this article he does not hesitate to proclaim that a remedy has been found which promptly and energetically destroys bacilli while, even taken internally in large doses, it has no injurious action on the human organism. The remedy in question is a meta - iodo - ortho - oxy - chinolin - ana - sulphonic acid combination manufactured by the German chemists under the name of loletin and offered as a substitute for iodoform. Physicians were weary of new drugs and paid little attention to the announcements of Professor Claus of Freiburg in regard to the surprising bactericidal powers of the proposed substitute for iodoform. A Freiburg layman, however, saw some of these notices and tested the drug on himself, taking as much as 75 grains at a time without ill results. He gave it to advanced consumptives, and after a few months their friends were amazed at the improvement. The results in scarlet fever and diphtheria were equally striking and the layman published a pamphlet on the subject, which attracted no attention. He then presented his data to medical circles, where he finally obtained a hearing. Kuster was one of those who have been testing the drug extensively, and he waxes enthusiastic over its efficacy in infectious diseases, even the severest. The drug is eliminated apparently unmodified by the intestines, kidneys, lungs and mucosæ, thus following the bacilli into their favorite haunts. He is thoroughly convinced that in "griserin"—as the drug has been renamed—a remedy has been found which will place internal medicine—hitherto the Cinderella—on a par with triumphant surgery. He adds: "It will then be more of a joy than ever to be a physician, as we can be certain to cure the severest illnesses by careful individualizing use of this remedy. This will cut the ground away from under the feet of charlatans who flourish mainly on account of the limitations of our art in the past." The Birkenweder sanatorium has set aside an entire department, in charge of Kuster, for patients taking the

Howard thinks dipsomania due to unstable nervous system and the accumulation of toxic material.—*Med. News.*

new remedy. He describes his experiences with it in detail, all bacterial affections apparently going down like card houses before it. The favorable results in cancerous affections suggest a bacterial origin. Diabetes alone, and possibly articular rheumatism, proved rebellious.

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The worst of it is that if these claims are allowed who can deny the possibility of similar claims, much better attested, made in behalf of calcium sulphide and other agents? Admit the principle and a whole series of observations made here become entitled to more serious consideration than has as yet been accorded them—ED.

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RELIGIOUS OVERWORK.

It augurs certainly good for the health of the people, when an active, outspoken Christian inveighs publicly against the mental overwork, not only of laymen and women in secular matters, but equally as vigorously against the mental overwork of clergy, laymen and women in religious work. We came to this conclusion after reading the sane and sanitary editorial of the weekly *Sunday School Times*, of Philadelphia, for October 1st, this year, by its editor, C. G. Trumbull, keenly entitled "Nervous Prostration as a Fine Art."

His first sentence pithily sums up a multifarious truth in stating that "The splendid gains of civilization have been accompanied by tragic and pathetic losses." He alludes briefly to the universal physical and mental intercommunication which makes a human brotherhood of the world. This creates an unprecedented stress and strain upon life, the result of which is "that many of the strongest and the best are fainting be-

neath their burdens." Some can really not keep up their engagements, while others owe their physical ruin purely to themselves, because of their "good-natured stupidity."

The modern malady of nervous prostration is appallingly common, attacking equally strong men and susceptible delicate women. Common sense, says Mr. Trumbull, which God had given them, might have availed them to seize upon the opportunities for rest, refreshment and recreation, had they but used it. The power of this malady to dull the intellect, to paralyze the moral energies, to cripple the spiritual power, to darken the outlook upon life and God, to envelop the spirit with gloom and to inspire the sufferer with morbid and suicidal thought should be enough to make the bravest shrink back in terror. And yet there are men, and more women, who seem to court deliberately the oncoming of the horrible possibilities of ultimate reduction to nervous wreckage. A man has lived to little purpose if he has not learned the laws of health upon the obedience to which his usefulness depends. No matter how more or less venial the sin of disobedience to these laws may seem to be, it is punished with its wages—prostration and often death, too.

There are people who imagine themselves indispensable to some piece of work, and burden themselves with unnecessary duties, and wilfully refuse easily to be helped, preferring to work single-handed till they learn, too late, that their very power was their very ruin. Women yield to the too-exacting demands of a too-frivolous society, thinking they can only refuse them on the penalty of social extinction, and they

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Howard differentiates between the dipsomaniac or intermittent alcoholic and the chronic drunkard.—*Med. News*.

The dipsomaniac is found among the intellectual classes and the periodic outbreak may follow intellectual effort.—Howard.

do not refuse, and yet the dreaded extinction becomes a grave fact.

The saddest thing of the matter is that really good nature is here often the misleading motive. A man may be a good preacher, a good platform speaker, and a good writer, and any one of these engagements could fill his hands full enough, and safely, but he is assailed by admirers representing different interests, who do not know how cruel they are to know nothing else but the usefulness of their friend. And in a weak moment their friend has lost the needed power of saying "No!" and the engagement is accepted and fulfilled at the ultimate expense of physical and perhaps mental strength. We may be pardoned the doubt that God demands such a sacrifice as that.

In the very interest of a sacred work itself a man must learn to say "No!" and so prevent an ultimate inability of doing it; and the stronger the man and the stronger the temptation not to say it, the stronger is the virtuous demand of wisdom to be firm to refuse.

The last paragraph of this magnificent editorial leader we take the liberty of reproducing verbatim:

"But the laws of health are the laws of God. The sooner we learn that if a man has the hardihood to defy the laws of God, it is he who suffers, and not them, the better it will be for us all. We pray glibly for a revelation from God, and here is one of the plainest and most undeniable revelations that man can ever hope to receive. Yet every month Christian men defy it repeatedly and deliberately. How can we hope to be happy if we defy the great and beneficent laws of God? Is it fair that we should be happy? The way of transgressors is

hard, and the man or woman who needlessly overworks is a transgressor. It is easier to run down than to run up. It is months and often years before the victim of nervous prostration recovers that elasticity and buoyancy of spirits which constitutes more than half the happiness of life. It is a fearful thing to fall into the arms of these mighty laws of God. Every Sabbath Day is a reminder of the folly, indeed of the crime of overwork. The man who refuses to avail himself of his proper rest and recreation is indeed a bold man; he is defying the established order of the world, violating the constitution of his own being, and dashing himself against the laws of God. But in such a collision we may be very sure that it is he, and not they, that will be broken in pieces."

E. M. EPSTEIN.

Chicago, Ill.



CALCIUM SULPHIDE.*

When "Ringer's Therapeutics" first appeared, the medical profession was startled to find very small doses recommended, which caused the epithet of "homeopathist" to be hurled against the author. At that time even the slight innovation of dividing the ordinary daily dose into ten or twenty portions instead of three, was sufficient to arouse doubt as to an author's orthodoxy. One of the most suspicious articles he recommended was calcium sulphide, in doses of grain 1-10 every hour. In the form of potassium sulphuret (potassa sulphurata), the dispensaries contained long articles advocating the use of sulphurous acid, but not a word on calcium sulphide. Little

* Reprinted from *Merck's Archives*, December, 1904.



Howard treats these cases by *elimination*—saline purgatives and Turkish baths—and supports with strychnine. Alkaloidal?

Have you seen the December number of the *Medical Council*? It's a dandy. Good articles on pneumonia, by Jeffers, Line and Smith,

impression, however, was made upon the practice of the profession; the drug was neglected, and consigned to the bone-yard of discarded remedies, retaining a place in attenuated form with the homeopaths under the name of "hepar sulph."—a sort of an "*in memoriam*" as it were, but one which has been of real value, as you shall see.

Ringer's reintroduction of the drug was followed by some desultory trials, but its use gradually died out, with the single exception of its employment as an abortive of boils, for which some insisted strongly that it was good, while others, equally as able observers, strenuously avowed it to be good for nothing. It has since been closely demonstrated that their failure was due to the difficulty of obtaining the salt in a fit condition for administration, and to the very small doses given; to not taking into consideration the fact that this preparation is variable (always weaker rather than stronger), and that variable preparations of this class, more than all others of which it is likewise true, *must be pushed* (increased as to amount given each time as well as to frequency of administration), until effect—to dose enough!

The sulphide of the shop consists of a mixture, in varying proportions, of calcium trisulphide, calcium pentasulphide, calcium sulphate, and the true calcium monosulphide, the latter constantly decreasing in relative proportion as it decomposes in the presence of the bottle-contained air. So that, as in many other instances and from the same or a similar cause, the modicum used on the doctor's prescription is practically inert. The same is also true of compressed tablets and particularly so of tablet triturates.

According to Shaller, it is an unusually good specimen that contains 30 per cent of the sulphide, from that to nothing, usually practically nothing, being the points between which different preparations vary.

During the preparation of this study I have bought in the open market and had carefully tested many samples of calcium sulphide with results as follows: The highest test from bottles of the powder in drug stores was 9 per cent; gelatin-coated pills from various standard manufacturers, highest 13 per cent; tablets, compressed, 60 per cent; tablet triturates, 30 per cent; other tablets tested, 36 to 40 per cent; alkaloidal granules, 65 per cent.

Calcium sulphide begins to decompose the moment it leaves the utensils of manufacture, the rapidity depending upon the amount of non-saturated air with which it comes in contact.

The oxygen in a well-filled, tightly-corked bottle of good calcium sulphide, or of tablets, is sufficient to render the top layer inert, and occasional opening to use will do the rest. Only when the strictly fresh sulphide is rightly made into a properly-protected but readily-disintegrating pill or granule can the full strength of this valuable agent be retained, and without this it is worthless. Hence, the varying opinions as to the therapeutic value of this preparation. So difficult is this pharmacal problem that some honest manufacturers have stricken this article from their lists, while from most of the remaining pill and tablet preparations on the shelves in the shops scarcely a trace of the distinctive odor is to be detected when the granules are broken open. A bottle containing calcium sulphide granules or tablets that



Kennedy (*Louisv. Jour. of Med. and Surg.*) got good results in the high arterial tension of Bright's disease with sparteine and glonoin,

J. W. Wherry (*J. A. M. A.*) praises the use of nitroglycerin in the treatment of erysipelas; causes rapid improvement.

are right emits no (or but slight) odor on opening, but a taste of the crushed goods at once reveals what they are. The stronger the characteristic taste the better and more reliable the preparation. The odor is not an indication of activity, some tablets smelling strongly showing on analysis a low percentage of sulphide. Probably the odor is due principally to free sulphuretted hydrogen (H_2S).

Calcium sulphide is a grayish white, amorphous powder, with a disagreeable but characteristic odor. In reaction it is alkaline. Exposed to the light it possesses the property of remaining luminous in the dark, which has given it the name of "Canton phosphorus." This quality has been utilized in the manufacture of match boxes, which are covered with a paint containing the substance. Boiling water decomposes calcium sulphide into calcium hydrate and sulphhydrate. In cold water the carbonic acid sets free the sulphuretted hydrogen, leaving calcium carbonate. The weakest mineral acids likewise decompose it.

If taken into the stomach during the period of acid digestion, the sulphide is decomposed to a greater or less extent, setting free the sulphuretted hydrogen, part of which may be ejected in eructations in which the gas is easily recognized; of the residue, the resultant sulphurous acid is absorbed as well as the undecomposed portion. Both are good, for both are active, but the undecomposed product is more desirable. Absorbed, it is broken up by the body, the surplus appearing as hydrosulphuric acid (H_2S) eliminated by the lungs and skin, while the urine contains an excess of sulphates. It will thus be seen that the best results are obtained from the exhibition

of calcium sulphide when the stomach-content is alkaline or after it has been made alkaline, in which case its activity practically all passes into the blood and other circulating fluids to permeate, disinfect, and clean up the work-shop of every living cell—a veritable systemic antiseptic, a regular house-cleaner of the most desirable character.

In 1824 Woehler demonstrated that the sulphides are oxygenated in the body, but if the dose ingested is very large, part passes into the urine in the form of sulphide, which blackens the salts of lead. After toxic doses of metallic sulphides, Woehler and Orfila showed the presence in the urine of part of the salt as unmodified sulphide, beside a quantity of sulphates. Considerable quantities of the gas may be disengaged in the stomach without causing any deleterious action on the red blood cells but if taken in through the lungs, sulphuretted hydrogen unites with the hemoglobin, reducing it to methemoglobin and this union, once formed, is exceedingly difficult to break.

Respired in quantity it has caused death from rapidly induced asphyxia; this has led to timidity in the use of the sulphides, preventing the demonstration of their therapeutic possibilities. But in gonorrhea, calcium sulphide of the best quality has been given with impunity in doses ascending to 50 grains in twenty-four hours and with marvelous curative effect, while children with diphtheria have taken two grains every two hours for days with benefit and no harm. It has been injected intravenously with impunity. Here the acid reaches the lungs after passing the right heart, and is eliminated into the atmosphere with the carbonic acid, the left heart receiving very



J. B. Murphy (*J. A. M. A.*) treats trifacial neuralgia by injecting osmic acid, 1 to 2 per cent, into the nerve trunk.

Bronchopneumonia of Infants:—All treated with aconitine as dominant; and all were cured.—Prof. Laura.

little. But this, carried through the circulation, slightly stimulates the sweat glands (Rabuteau).

During its elimination by these various routes, the sulphide of calcium exerts an action on the respiratory mucosa, whose secretion is stimulated and expectoration loosened; on the sweat glands, whose excretion is likewise augmented; on the kidneys, producing diuresis by the sulphuretted hydrogen and the sulphates; and in general an increased activity of the circulation, possibly some fever, and an increase of the appetite (Rabuteau).

Shaller says that the toxins produced by the bacteria of various zymotic diseases are neutralized by the presence of sulphuretted hydrogen in the blood; or the white blood corpuscles are stimulated to unusual vigor, and their phagocytic powers greatly increased. But it has seemed to the writer that the phenomena following saturation by the sulphides are better explained by the hypothesis that this renders the continued life and activity of these organisms in the saturated body impossible—either killing or inhibiting them. Whether this action is exerted on some microorganisms only, or upon all forms, is uncertain. The cessation of suppuration coinciding with saturation indicates that all ordinary pyogenic bacteria are probably destroyed by the sulphides. In any event its control action over scarlatina, measles, smallpox, whooping-cough, etc., is beyond question.

The remarkable power exerted over diphtheria by calcium sulphide is a discovery which the world owes to Fontaine, of Bar-sur-Seine, whose first paper appeared in 1875. Increasing the bronchial and cutaneous excretions, it aids in eliminating the toxin. But the principal

effect for which it is given is that of a parasiticide, as which it has no equal when applied locally. Fontaine preferred the lime salt to that of potassium or sodium, because the former also supplied an element needed for repairing the damage inflicted by the disease.

The earlier reports were favorable, but in desperate or malignant cases the remedy failed, as it was still given timidly in insufficient doses. But this fear was subsiding, and we find Ringer prescribing calcium sulphide in doses from 1-6 grain up to forty times this quantity, many times a day, in anthrax, furunculosis, scrofulous ulcers, and for purulent, ichorous, and sanious wounds. Fock also found it useful in acute mammary abscesses.

Chaussier had employed potassium sulphide for croup and diphtheria as early as 1808, and Ribes in 1818; but they had dropped it on account of the difficulty in administering it in potions to children; and it was not till modern pharmacy had evolved the granule that the remedy was made available.

While in diphtheria calcium sulphide is given as the dominant or leading remedy, the variants or adjuvants are by no means unimportant. Fever demands aconitine, digitalin; periodicity calls for quinine arsenate or hydroferrocyanate; emetics may promote the loosening of false membranes; strychnine restores the normal tone (Van Renterghem), and antitoxin should not be forgotten.

Fontaine also urged the sulphide for whooping-cough, in which he has been followed by many. Droixhe at first gave the sulphide only in the second period, but later he gave it from the first, and esteemed it equal in efficacy in this malady as in diphtheria. Shaller has given



Diphtheria:—Toussaint associates pilocarpine with calcium sulphide to excite the secretory functions of the mucosa.

Wood and Buller (*J. A. M. A.*) report many cases of death and blindness caused by drinking wood alcohol.

it continuously for three or four weeks, always with marked reduction in the number and frequency of the paroxysms, without anemia resulting.

Coleman has obtained equal success, and claims that even in the incubation period whooping-cough may be aborted by saturation with calcium sulphide and the conjoint use of atropine to full effect. Since it is now admitted that this disease is due to microorganisms, and that during this period they are actively at work, it seems perfectly reasonable to suppose that they may be effectively combated then, when their numbers are small. Coleman has taken children who were not immune, saturated them with these remedies, and exposed them to this most infectious of all ailments; they not only did not contract it then, but when exposed during subsequent epidemics proved to be immune, and with all of this from our experience we most heartily concur.

The results obtained in these two affections encouraged trial of the sulphide in other infections. Castro tried it in smallpox. His rules are: (1) Begin treatment as soon as the malady is suspected. (2) Saturate the organism with the parasiticide. (3) Keep up the saturation until certain of the effect. (4) Even if the eruption has appeared it may be made to retrograde so that vesiculation does not occur. (5) Pustulation under way, the sulphide may still prevent complications, destroy the odor, abate considerably the fever, and attenuate the gravity of the attack in hastening desiccation. (6) The disagreeable odor of the sulphide and the necessity of giving it in numerous small doses renders the use of granules advisable, which must be known to be active if a

correct judgment as to its value is to be made. The intensity of the administration should be commensurate with the effects required by the nature of the case.

Castro also applied this remedy in this manner in treating roseola and erysipelas.

Van Renterghem employed the sulphide in four cases of scarlet fever, two anginous, saving all, and that in a very short time and with a brief convalescence.

Shaller says the measles, whooping-cough, scarlet fever, smallpox, diphtheria, and erysipelas are all more easily controlled and freer from sequelæ when this remedy is used. He gives it throughout the course; adding aconitine for fever, caffeine for threatened collapse or heart failure, strychnine for paralysis. If the throat is inflamed he gives the sulphide in solution, in severe cases every fifteen minutes, so that the solution almost constantly bathes the infected surface.

Many physicians employed calcium sulphide in smallpox during the last epidemic in the West, and generally with good results. Given early to saturation, most cases seem to be abortive, and the secondary suppuration and its fever are wanting. It is also a markedly reliable preventive or modifier in exposed cases, but must be given early and in large doses.

In respiratory affections Van Renterghem recommended calcium sulphide as an expectorant, in the dry coughs of commencing catarrhs; in phthisis; to increase secretion and facilitate expectoration. Shaller praises it for tough, scanty sputa, in measles and pertussis with distressing cough, in chronic lung diseases where the sputum is putrid.



Dukes' disease, what is it? It's the "fourth disease" which isn't scarlet fever, measles or German measles.

There is a heroin habit. A case is reported by Montagnini (*Riforma medica*; woman used it hypodermically to relieve pain.

Aulde advised this remedy to abort a commencing coryza. It has been suggested that if other microorganisms can not live in the human body when saturated with it, why should the tubercle bacillus? The question has not been settled, but is well worth consideration.

In acute gonorrhea there is no remedy, not even copaiba, which will so surely and so promptly stop the discharge; and unlike the time-honored but useless balsam and to the great relief of the patient, the discharge does not return the moment the remedy is discontinued. The doses must be large, but a permanent cure may be usually achieved. One physician reports unvarying success from doses up to 50 grains each twenty-four hours. It is the most reliable remedy in chronic gonorrhea. The writer has never known any remedy to be of benefit in gonorrheal "rheumatism," except the sulphides of calcium and arsenic, and these have not as yet failed to cure practically every case of this malady brought to his notice.

In various skin diseases calcium sulphide has been used locally, forming an ingredient of the famous solution of Vlemminckx. In Alaska it has been found that the voracious mosquitoes will not attack a man whose skin is covered with a solution of this remedy.

Van Renterghem advises that calcium sulphide be given, even to infants of the most tender age, in granules containing 1-6 grain every quarter hour in acute cases; to adults two or more granules; until saturation is denoted by the odor of the drug appearing on the breath *or the skin*. The eructation of sulphureted hydrogen is less certain, as the acid gastric juice will decompose the salt and disengage the gas even when a single

dose has been given. If the drug is pushed too rapidly it may cause nausea, and this has been taken to indicate saturation, but is rather an indication for smaller doses. After saturation has been secured the doses need not be given so frequently but just enough to keep up this effect as long as it is deemed requisite. In infectious diseases it is well to sustain saturation for one week; in tuberculosis for two or more weeks; in general, till the danger has ceased.

How much is required to produce saturation? It varies. Fontaine gave 20 granules (containing 1-6 grain each), to a child a year old, 30 to one of twenty-two months, 60 to adults, within twenty-four hours. Castro gave 60 to 90 granules to adults in the same time. As a prophylactic five granules may be given daily to infants, ten to adults. Fontaine says that when calcium sulphide was administered to all the children as a prophylactic, during an epidemic of diphtheria, he was frequently called to see adults ill with that malady when the children in the house, taking the sulphide, were immune. The epidemic really ceased only when the use of this prophylactic had become general.

Externally, solutions of 1 part to 10 of water may be applied; the skin to be washed soon to avoid undue irritation.

The solutions for use must be freshly prepared each day as they quickly decompose. Glass spoons should be used for dispensing, as silver is blackened by it. Shaller says that persons who swallow the granules do not tire of the medicine as soon as those who take it in solution; that is also our experience. If the eructations are disagreeable the remedy should not be taken just after meals.

In some cases where there is intense



Kamberger (*Munch. Med. Woch.*) says that the cigar is more pernicious than the cigarette. What do you say?

Stevens (*Brooklyn Medical Journal*) treats his pneumonia cases with small doses of acornite with pot. iodide later. Good, but—

acidity, calcium sulphide will not be tolerated by the patient, as each dose will cause nausea or even vomiting. This annoying condition can be promptly controlled by exhibiting 2 grains of vegetable charcoal ten or fifteen minutes before the calcium sulphide. The writer has found that results are more speedy and pronounced when these remedies are given together in this manner.

Experience has amply proven that the small dose at frequent intervals is the most effective. The ordinary compressed tablets, containing $\frac{1}{2}$ and 1 grain, and coated or uncoated, are practically useless; they pass from the stomach into the intestine, where no chemical change takes place. To bring a patient promptly under the effect of this drug two or four granules, 1-6 grain, should be given hourly or half-hourly, and one granule (1-6 grain) will usually prove quite as efficient. The secret of success is to saturate the system quickly and then to maintain this condition with smaller doses given at longer intervals. The calcium sulphide patient usually calls for eliminatives and the tonic arsenates.

It will, therefore, be seen that to have a good preparation is most essential, and that even this may be given wrongly. A good preparation, chemically broken up in the stomach and given to "dose enough," will produce results most desirable and satisfactory.

W. C. ABBOTT.

Chicago, Ill.



MEDICAL EDUCATION.

In the September CLINIC a writer, under the above title, says with reference to the qualifications necessary to practice medicine that it is questionable whether



Fairbairn (*Brooklyn Med. Jour.*) suggests the use of the tuning fork for the diagnosis of consolidation in central pneumonia.

the state can rightly delegate a private corporation to do its work.

He criticises the lecture system, refers to the Association of American Medical Colleges as a trust, gives great credit to what he terms an examination, speaks of the arbitrary action of college deans in giving credit for time, etc.

Now if the state can not delegate a private corporation composed of eminent specialists in the various departments of practice, to prepare and examine and decide when one is qualified to practice, how much less can it afford to confer such an important function on a board composed of from three to eight politicians, appointed by the governor, without requiring any special evidence of professional qualification?

While the lecture system has its limitations, it is also a fact that many institutions which tried to do it all in the laboratory were compelled to return, in part, to the lecture system. The majority of our colleges try to confer instruction in the most practical manner, and while the above-mentioned association might be viewed in the light of a trust, it certainly is not more of a trust than the A. M. A. which not only tries to rule the colleges but everybody else, by placing the rank and file under the guardianship of arbitrary political boards in the various states, depriving both them and the people of liberties to which they are justly entitled.

Besides, these political boards are pretty well organized, forming a more dangerous trust than the above could possibly be to the practitioner and student who value their liberty.

Our reputable institutions and their faculties have certainly done more to ad-

An interesting article in the *Johns Hopkins Bulletin* by Packard on The History of Some Famous Quacks.

vance the science of medicine than any political board or combination of boards. I believe in giving the colleges their due; if they are not right make them right, then accord the graduate the recognition due him. Do not exact an exorbitant fee, and compel him to appear before a board possessing no better evidences of qualification than himself. The people are capable examiners and if not qualified the physician will soon be relegated to the rear.

J. A. W.

— Missouri.



THIOSINAMIN.

Thiosinamin was introduced some years ago, as a solvent of hyperplastic connective tissue. From time to time we have chronicled the reports made upon its uses, and here is the latest: Lenge-mann had been giving it for Dupuytren's contraction—that which gives the claw-like appearance to the hand—and says the cures have endured a year. Forty-five injections were made within eight weeks, when normal flexibility was restored. He injects the solution where its effects are desired, preceding with cocaine. He follows with massage, passive movements and dressings saturated with thiosinamin solution.

We found marked indications of heart failure follow injections when the dose exceeded five grains, though in Germany fifteen grains were recommended.



RIGHT REMEDIES: RAPID RECOVERIES.

I quote an instance in which I used the digitalin granules in an old lady of 77



Aurelius Philippus Theophrastus Paracelsus Bombastus ab Hohenheim—Paracelsus for short—was father of quackery.

with pulse intermitting every fourth beat. Digitalin, gr. 1-67, after each meal caused difficult breathing. Fever on third day; I substituted strychnine arsenate, gr. 1-67, after each meal, with quassin gr. 1-12, and continued for three weeks. Then pulse was normal for first time in years. I had an idea that the trouble was organic, but from the result it proved only functional. I gave also one nervine tablet twice daily. Other cases have progressed along the same line under the alkaloids.

D. P. BARCLAY.

Detroit, Mich.

—:o:—

Experimentia docet! The men who have the experience with the alkaloids are the ones who use them most.—Ed.



HOOKWORMS.

In the *Journal of the American Medical Association*, Claude A. Smith, treats of uncinariasis in the South. He has seen cases in every state from Virginia to Texas, except Mississippi, and the disease has been detected there by competent observers. "The entire country seems literally saturated with it; the highlands, lowlands, mountains and seaboard."

Uncinariasis is invariably present in all cases which have had ground itch within eight years; the severity being directly proportional to the number of attacks of ground itch. This nearly always begins between the toes. The skin is tender there, and when a man steps with bare feet into the mud it oozes up and is held there until the larvæ have time to penetrate. A study of the parasite shows that

Charles II. touched over 92,000 for the King's Evil. Valentine Greatrakes, a quack of the time, also celebrated for the healing "touch."

this must occur during warm, wet weather, or where the ground is always moist. Wading barefoot in the mud after more than a day's rain offers the most favorable opportunities for attack. The first symptom is itching, between the toes, growing more intense, followed by the appearance of macules or hyperemic spots. These become vesicles, sometimes uniting into large blisters, with swelling underneath. The blisters break and serum oozes out. The disease may last several weeks and be confined or extend over large areas, preventing walking.

Whence come the parasites? Solely from the feces of persons infected, which are deposited indiscriminately about their dwellings, and washed into the water courses. Drying or freezing destroys them, and this alone prevents general infection.

Smith describes three forms of the resulting disease. Mild cases follow one or two attacks of ground itch; and the parasites in the alimentary canal are insufficient to cause scarcity of red blood corpuscles or of hemoglobin. Medium cases, from more frequent infections, cause such a diminution of red cells and hemoglobin as can be detected by blood examinations. The severe type follows numerous attacks of ground itch; hundreds of parasites are present in the intestines, causing extreme anemia, often impairing the patient's development. The division is not well marked.

The first form presents no notable symptoms. In the second there is some disorder of digestion, though the patient feels fairly well. In the third we see profound anemia, yellow parchment skin, white sclera, face bloated and devoid of expression, skin thick, dry and rough,

emaciation masked by edema, great weakness, dyspnea on slight exertion, a systolic murmur, the hemoglobin down to 50 per cent and red cells to a million or less. The appetite is perverted with nausea and headache, and there may be a desire for abnormal foods. Clay eating he considers a result of the disease but not a cause, as the clay is usually not infected. Food is often bolted and passed undigested.

The debility may be extreme, edema general, and be followed by slow improvement or by death.

The diagnosis is made sure by the detection of the eggs of the worms in the stools. Otherwise the symptoms are those of a more or less severe anemia. A severe case is surrounded by many milder ones. Formerly all were classed as malarial; now all are termed hookworm. While the majority are the latter, there are many others. The disease is not confined to the poor.

The indiscriminate administration of thymol in the toxic dose of half a dram, on suspicion only, is to be deprecated. Five grains is the ordinary maximum dose for a human adult, and judgment should be used in giving the larger doses. While no deaths have been reported in America, this has followed 30-grain doses in Europe.

Prophylaxis contemplates the recognition of the milder forms of the malady, and the destruction of the feces; the recognition of ground itch as the primary infection, and its proper treatment—which, however, Dr. Smith does not mention. If the feet are protected in wet weather other precautions are superfluous.

Dr. Smith produced the disease experimentally by applying soil containing



In Queen Anne's time the eye was a great field for the quack—as it is now. John Taylor a great quack oculist.

The aromatic spirit of ammonia was originally a quack remedy, known as Goddard's drops; made by Dr. Jonathan Goddard.

the larvæ to the skin. Itching began a few minutes after the application.

May the time come when our physicians will cease to content themselves with such hasty guesses at diagnosis as "malaria," "fever bordering on typhoid," "general debility," etc., and will investigate by modern scientific methods the numerous indeterminate forms of disease that present themselves to every man in active practice. Probably the vast majority of us have treated cases of hook-worm, trichina, lead poisoning, etc., and never suspected them. It is good for the beginner to form the habit of thorough investigation, of carrying his diagnosis through to the end. And let him not stop here, but apply the same thoroughness to his therapeutics. He need not accept his professor's *ipse dixit*, but in each case do his own little best to assimilate and bring into juxtaposition the labors of the pathologist and the therapist.



SOME "EXPERIENCE" NOTES.

For itching and inflammations before the skin has broken, also for ulcerated or aching teeth, use the following: Camphorated phenol, dr. 1 or 2; olive oil, oz. 1. Apply every thirty minutes to two hours.

For a general salve, non-irritating and antiseptic, one that protects the surface and hastens healthy granulation in all kinds of ulcerations; use sulphocarbolates, camphorated phenol, of each dr. 1 or 2; ung. zinc oxide. oz. 1. Spread with knife on sterile cloth or gauze and apply over ulcerated surface.

For the internal administration of iodine: Lugol's solution, dr. 2; glucose,



Oil of vitriol or "oil of sulphur" was the invention of another doctor of this character, "Spot" Ward.—Packard.

oz. 1-2, syr. trifolium comp., to make oz. 4. One teaspoonful in water t. i. d.

For gonorrhea: Lugol's solution, dr. 1; glycerin, oz. 1; boric acid or sulphocarbolates dr. 1½; water, oz. 4 to 8. Use as injection.

T. W. PEERS.

Topeka, Kans.

—:o:—

Good ideas—all of them. Try them, Doctor.—Ed.



THE GRANULES NEVER FAIL HIM.

After having used the alkaloidal granules for over twelve years I can truly say that I find nothing to criticise, but everything to commend. I have never failed to get the expected therapeutic effect, whenever I have used the granules as directed. During my four years' service in the army as surgeon in the Spanish-American war, my medicines were packed away. When I resumed practice in July, 1902, I tested and then used the alkaloidal granules, with as good effects and the same promptness of action as with granules fresh from the laboratory. I use the medicines with full confidence and they never fail me. I cannot say as much of the galenicals.

A. H. S.

———, Arkansas.

—:o:—

The man who uses the granules freely and constantly most appreciates their action. Of course if you give atropine when aconitine is indicated you will not cure your case, but if you give the proper remedy for the symptom present in sufficient dosage and at the same time eliminate and again eliminate you will cure nine out of ten of your patients by

A remarkable charlatan of the early nineteenth century was St. John Long. He introduced the liniment bearing his name.

the alkaloidal method. Those who have used the galenics for years are the ones who appreciate the alkaloidal granules most, and the man whose practice calls him twelve, fifteen or even twenty miles east, west, north and south from his home is the one who can best descant upon the virtues of a pocket-case of the alkaloidal granules.—ED.



PELLETIERINE.

To the labors of Tanret we owe the ability to replace the nauseating decoction of atrocious taste and uncertain strength by the alkaloid, of small dose, nonirritant, of little taste, and constant strength. The savant-chemist discovered in the pomegranate bark four alkaloids, volatile and liquid, with one exception, and forming crystallizable salts with acids.

Pelletierine is soluble in alcohol, ether, chloroform, and in twenty parts of water. Isopelletierine differs only in its polarity. Pseudo and methylpelletierine are much less toxic to parasites.

Pelletierine exerts upon the human body a pronounced action. Beranger-Feraud observed vertigo after small doses; after four to six decigrams (grains six to ten) by the stomach, vertigo, troubled vision, heaviness of the eyelids, often diplopia, cramps of the arms, tremors of the fingers and toes, frequently nausea and vomiting. Rochemure noted after hypodermic injections of gr. 2-3, heaviness of the head; after gr. 1½, vertigo, weakness and disturbed vision; while gr. 8 determine the same symptoms, more accentuated.

The toxic effects are manifested after six to eight minutes, if given hypodermatically; after one-half to one hour

when given by the stomach. Once after a dose of gr. 8 by the mouth. Huesemann-Hilger noted general muscular paresis, worse in the lower extremities, so intense that the patient had to lie down.

Von Schroeder concluded that pelletierine increases the reflex excitability of the cord up to tetanic accesses, with slight cerebral paralysis at first; the muscles are affected as by veratrine, but not so strongly; the peripheric terminations of the pneumogastric are paralyzed. These conclusions resulted from observations on the frog. On warm-blooded animals he found this agent cause excitation and increase of the reflex irritability; marked disorder of the locomotor function; transient stimulation of the vasomotor center and increase of vascular tension; pneumogastric paralysis.

Some persons compare the sensations after full doses to drunkenness; the senses are clear but the legs fail to do their duty. The toxic symptoms last two or three hours and subside slowly.

The dose required to cause expulsion of the parasite is about six grains. Bruté found two tenia expelled by this dose, but next day the patient was affected with choleraic symptoms.

Von Schroeder enumerates among the qualities of a good anthelmintic that it should be toxic to the parasite and not dangerous to its host; and that it should not be absorbed from the stomach, but penetrate to the intestine to act against a tenia. Pelletierine is not very toxic to man.

As tenia from man were not obtainable, experiments were made with the *Tania serrata* of the cat. This was found to live for many days when immersed in Bunge's saline solution. When pelletierine was added in the proportion of one to 10,000



A celebrated American quack was Elisha Perkins; he cured all diseases with "Perkins' Patent Tractors."

For pulmonary hemorrhage McLaughlin (*Med. Record*) straps the side and gives morphine and nitroglycerin hypodermically.

the worm became motionless in five minutes, but could be revived by changing to a fresh saline solution. But when exposed to the drug for ten minutes it could not be revived.

Pelletierine sulphate does not fulfill von Schroeder's conditions, as it is quite soluble in water, and readily absorbed from the stomach. But in eighty-eight cases in which pelletierine was administered with an equal dose of tannic acid, to delay its absorption, the entire worm was expelled in eighty-two cases.

The so-called tannate of pelletierine is rather a mechanical mixture (of one part of the base to three of the acid) than a chemical combination. As the tannin is responsible for the gastric and intestinal irritation caused by this dose, it would be wiser to give the sulphate, in keratin coating, if that substance really does what Unna declared — passes its contents through the acid stomach to be delivered undiluted and unabsorbed in the alkaline bowel. Moreover, as it requires about five to six grains of pelletierine to kill the worm, it will take double that quantity of the tannate; and as they are costly, and quoted at the same price, it costs twice as much if the tannate is prescribed.

Van Renterghem advises a single massive dose to be taken, alone or with tannic acid, followed in half an hour by any effective purgative. The administration of an equal quantity of the alkaloid in fractional doses throughout the twenty-four hours is far from exerting the same effect.

The pelletierine of the shops is often composed of all four alkaloids of pomegranate, and should be given in double the dose advised for the pure drug. Of the tannate the dose should be from ten to twenty grains.

The Department of Agriculture has discovered that copper sulphate will successfully purify polluted water supplies.

The dried bark is inert. The greatest proportion of pelletierine is found in the bark of the stems, that of the root containing mainly the weaker methylpelletierine. The bark should be collected before the flowering, as there is then the largest quantity of the active principles. The strength of barks from different countries varies widely. In France that from Portugal is preferred. From Java comes probably the best. Those who prefer the galenic preparations are thus favored with an extensive supply of uncertainty as to the real value of the stuff they inflict on their confiding patients.



THE THERAPEUTICS OF CALCIUM IODIZED VS. IODINE AND THE IODIDES.*

The fact that since its discovery by Courteis in 1802—or rather since its introduction into materia medica by Coindet eight years later—iodine in some form has been recommended as a “cure” for most of the diseases to which humanity is heir, proves that it is of unquestionable use as a therapeutic agent. The great drawback to its use internally is the property it possesses of irritating or injuring every tissue with which it comes directly in contact. If this contact be prolonged at all, the tissue is apt to be destroyed. Further, the *rationale* of iodine action has not been thoroughly understood, hence the repeated failures which have occurred in attempts to treat various diseases with it.

Notwithstanding these and other still-existent, non-removable drawbacks, iodine remains today the alterative *par excellence*; the only point the therapist has to consider being the selection of the

*Reprinted from the *Medical Summary* for January.



Copper sulphate in very weak solution, 1 to 8,000,000, will kill typhoid germs in public reservoirs.—Moore.

form of the drug which will prove most effective and most nearly free from unpleasant results. Iodine is, first and last, an *irritant*, acting upon mucous membranes, the liver and absorbent glands, exciting the sexual centers and interfering to some extent with normal digestive chemistry. Hence the too free exhibition of iodine is apt to cause debility and emaciation. The muscles are also affected. The smallest dose of iodine which has produced toxic results is four grains and patients evince vast differences in the matter of tolerance. We may accept iodine, in proper dosage, as being tonic, stimulant, alterative, diuretic, diaphoretic, emmenagogue and possessed of a peculiar property which acts upon all glandular structures.

Elimination of the drug is rapid and soon after exhibition traces may be found in the urine, saliva, perspiration, milk and blood, and is always in the form of hydriodic acid or an iodide. The conversion of iodine (free) into hydriodic acid is supposed to take place in the stomach, absorption taking place in this form. Iodine does not in any manner stimulate blood formation or increase nutrition, but it *does* hasten the removal of effete matter and increases retrograde metamorphosis. There is a great difference, however, in the action of different preparations of iodine. Such as are eliminated (as the iodides of sodium and potassium) may be given freely, and in their action we can trace the direct influence of their bases. During their administration metallic substances which have been retained in the tissues for an indefinite period are carried into and out with the excretions and may be recovered therefrom.

Iodine in the free state cannot be elim-

inated as such, and preparations which easily liberate nascent iodine must be given in small doses. Calcium iodized is such a preparation, and in my practice it is the most desirable of all. Here the base (calcium) releases free iodine slowly and at the same time it prevents a too rapid and complete chemical action upon the iodine by the acids of the stomach. It has been noticed, time and time again, that wherever coryza, salivation, pustular eruptions and other symptoms of iodism were markedly present a condition of hyperchlorhydria also existed. The iodides have proven acceptable because of the combined action upon the system of the iodine product and base; iodine *per se* has been more or less discarded (for internal use) because of its supposed irritating properties. True, we cannot give iodine in any quantity without unpleasant sequelæ, but there are many instances in which repeated small doses are not only desirable but extremely beneficial.

In goiter and adenitis iodine is effective, though late, the various preparations of thyroid gland have superseded it because they can be given without irritation; but if we can administer iodine long enough and without causing iodism we can obtain results in bronchial disorders, strumous and catarrhal affections, and in all conditions in which an alterative effect is called for which cannot be duplicated by the exhibition of any other single remedy or combination of drugs known to medicine. Aside from its wonder-work in acute affections—croup, bronchitis, coryza, la grippe, hard colds and general hoarseness—the chronic disorders which especially call for iodine are bronchocele, scrofula, syphilis, glandular enlargements, splenic and hepatic en-

The infinitesimal amount of copper in these solutions is not injurious to health; it also kills algæ in water.

Do not these experiments explain something of the usefulness of copper arsenite in bowel troubles?

largement of chronic type, hypertrophic affections of the mammæ, testes and uterus (fibroid); caries, chorea, rheumatism and cachexias generally. In many instances iodine may be used externally (by direct application or through combination with electricity, cataphorically applied) and internally at the same time with advantage. In syphilis, stilling in and iodine together, with the tonic arsenates and nuclein, will prove speedily effective.

Iodine is not cumulative to any marked extent, like lead and some other drugs; but, as has been pointed out, certain people are extremely susceptible to its influence, hence "small doses oft repeated" mean safety, the effect being carefully observed and the exhibition stopped at the first sign of sufficiency. A rest of forty-eight hours will usually suffice to remove any surplus from the system and the drug may then be carefully resumed. For some reason not at present thoroughly understood, lime carrying iodine in loose combination has proved to exert a peculiar and almost inexplicable effect upon the "internal chemistry" and, as a result, comparatively large doses of iodine can be administered as "calcium iodized" without the slightest sign of iodism as a sequence. Indeed, the physiological effect of the two drugs combined is entirely distinctive, the full alterative and eliminative action of iodine being obtained without the irritative and debilitating effects which are so apparent when this drug is exhibited "to effect" alone.

Unfortunately "the chemistry of the test tube" does not in any way compare with the chemistry of the human interior; were this the case we should be able to tell just what results follow the admixture of calcium, iodine and the gas-

tric juices. Whatever the product, it is absorbed readily and is eliminated completely though slowly. In two to three hours after the exhibition of a full dose of iodized calcium, iodine can be detected in the secretions. The sputum shows the typical reaction, and that constantly, even if as little as one-third of a grain be given every three hours.

This explains the remarkable results obtained from the use of this remedy in diseases of the throat and respiratory tract. In croup, diphtheria, and other infections and affections of a local character, the direct action of the lime and iodine compound is of undoubted benefit. Thus in all disorders of the mouth and throat it is well to give the drug in powdered form or in solution, ordering the patient to swallow it slowly. Infants and children can easily take 1-6 grain of the powder or a crushed tablet, placed dry on the tongue, the dose being followed by a spoonful or two of hot water. In some cases where deglutition is difficult a solution should be made (gr. 1-3 to 1 to the dram) and twenty to thirty drops given drop by drop with a dropper. It is essential that the solution should be stirred, otherwise the lime sinks and the supernatant fluid merely represents iodine in aqueous solution.

Such a solution is an excellent gargle in all "sore throats" and especially is this the case if malignancy is feared. A small proportion of glycerin may be added with advantage.

A strong solution of calcium iodized may be applied externally to soft and fungous granulations with excellent results; the powder diluted one-half with any inert substance may also be dusted on freely. It should be remembered that free iodine is "incompatible" with alkaloids, the mineral salts, ammonia, starch



The truth of these experiments being accepted, what is to hinder giving copper sulphate in very small doses to typhoid patients?

If copper sulphate in infinitesimal amounts can purge a lake of typhoid, why not the sulphocarbates in fair doses for man?

and some volatile oils. It acts violently upon turpentine. In the form of calcium iodized, however, we can administer this drug with the alkaloids without forming undesirable compounds. This has been proven by the finding of iodine in the urine and sputum after the exhibition of calcidin with most of the alkaloids, the full action of the latter having been obtained concurrently.

One of the uses to which iodine can be put with advantage (and calcium iodized is especially desirable here) is to control the "flushes" and "flashes of heat" of which women complain so bitterly during the menopause, in most cases of which gr. 1-6 given two hours during the disturbances and every four hours between them will prove remedial. In the very florid, stout and nervous patient, ergotin may be alternated with the calcium iodized to advantage.

It will be seen from the above that calcium iodized is not by any means merely *the* remedy for true croup (as it surely is), not diphtheritic croup, but the most generally useful and widely applicable form of iodine for internal use that is at the practitioner's disposal. Wherever or whenever iodine in any form would be indicated there calcium iodized will give infinitely better results. In certain cases the calcium adds materially to the therapeutic activity of the remedy, but in no case does it detract therefrom. Calcium iodized will give results that it would be impossible to obtain from iodine or the iodides and anything that we might accomplish with iodine can be better done with a less quantity of calcium iodized and without fear of subsequent iodism.

If the maximum effect of the preparation is desired, it should not be given at

or close to meal times. Starchy foods should be restricted during its administration and for at least an hour after its exhibition water should be abstained from.

The fact that calcium iodized is not a pure chemical product but that it is lime supersaturated with iodine cannot be too strongly dwelt upon. The moment iodine ceases to be iodine we lose the very therapeutic qualities which makes the drug valuable; hence the comparative inefficiency of iodide of calcium with which calcium iodized is so often and so persistently confounded.

Heretofore we have been obliged to give the tincture diluted with water (with which it is incompatible) or use the iodides. In the first case we soon had to stop the use of the remedy, owing to systemic or local disturbances and in the latter to be content with such results as we obtained after a shorter or longer period with more or less iodism as an unfortunate and very undesirable sequel. We may have tried inunction, but the amount of iodine absorbed was small and the patient got tired of waiting for the cure which seldom came. With calcium iodized and this only we are able to give *free iodine* in appreciable quantity without causing distress and damage to the patient. That the addition of calcium gave us the most potent and rapidly-acting remedy for croup was a great thing and the discovery saved innumerable lives, but the greatest boon of all is that we are at last enabled to get the full therapeutic value of iodine, internally administered, without local irritation, systemic disturbance or iodism and are therefore able to control a large class of hitherto practically uncontrollable acute and chronic



Drueck has a nice article upon pruritus ani in the last *Medical Brief*; this is a troublesome thing and worth study.

Drueck precedes other treatment of pruritus with dilatation of the sphincter; then come proper local applications.

affections and to do so *cito, tuto et jucunde*.

The exact amount of iodine absorbed by the patient, after the exhibition of one-sixth of a grain of iodized calcium, is not known; it unquestionably varies according to the condition of the gastric content. Free iodine begins to be released immediately after ingestion of the remedy, but the amount finally available for absorption must vary greatly. In any event it is in all cases small though efficient; and as the iodine-carrying capacity of the body, without irritation, is at best extremely limited, this is a good thing. The idea is not to overwhelm the system but to keep it constantly under the remedial influence, not the chemical effect of iodine. In this way we get the full alterative action of this invaluable agent and in no other. Abnormal tissues of low vitality are acted upon and destroyed; retrograde metamorphosis is stimulated, and if we do our part and see to it that elimination is free and thorough, if we know what to do, why to do it, how to do it, when to do it, and *do it*, the patient speedily shows a marked physical change for the better. In some acute conditions it is necessary to get a prompt and profound impression; then gr. 1-2 to 1 may be given every fifteen to thirty minutes—preferably in hot solution—but in systemic dyscrasias and wherever alterative effects are desired, the small dose, oft repeated, is best. In sluggish ulcers, old sores, etc., the powder may be applied pure once or twice daily till granulation commences; then nourish the parts with blood applied locally or drawn to the part by cupping or hot fomentations. Internally give tonics and nuclein, altern-

ately with the calcium iodized, for wherever iodine is indicated elimination and tonics are required.

GEO. H. CANDLER.

Chicago, Ill.



CALCIUM IODIZED CURED THIS CASE.

Mrs. J. was taken with a severe cold and rheumatism of the shoulders and chest. Fever of 102° F., constipated, and severe pains especially on making any attempt to move; tongue heavily coated. I gave a full dose of calomel followed by magnesium sulphate which "cleared the deck" preparatory to making the final attack. I should say I saw her first on the night of the sixteenth. I now put her on alkalithia, a teaspoonful four times a day and five drops of Battley's liq. opii. sed. every three or four hours to relieve the severe pain. I ordered a light diet, of broth and milk with lime water. If the fever should go above 101° F. again, five grains of antikamnia was to be given every two and one-half hours until it has reduced to 101° F. or under.

On the night of the seventeenth she was taken with dyspnea and intense pain in the left side of the neck and throat; the muscles being so firmly contracted as to make it impossible to examine the throat; she also suffered severe pains in the left tonsil and had great difficulty in swallowing milk, etc. Ice in the mouth gave her more comfort than anything else except hot applications. On the night of the nineteenth I was so fearful of suffocation from enlargement of the tonsil that I concluded to put your iodized lime to the test, and a hard test at that. I put ten



An Atlanta physician admitted in court that he had written eighty prescriptions in one day for cocaine—for negroes!

For bleeding piles, Boas recommends the injection of a 10-per-cent solution of calcium chloride into the rectum.

grains in nine tablespoonfuls of water, stirred it well and strained it through fine muslin and gave her a teaspoonful every fifteen minutes for three doses and instructed her daughter to give a teaspoonful every half hour for three doses, then every hour throughout the night.

You can imagine my delight when I called the next morning, the 20th, to find my patient free from suffering, with but slight fever and speaking to me with but slight difficulty. Bright and cheerful, but complaining of the bad taste of the medicine and insisted upon knowing what it was. I told her it was the bones of a Chinaman who died of the plague; he had been cremated and this was some of his ashes; that the plague was so much stronger than the disease they had, that it knocked it out! Hooray for calcidin!

I trust I may be as fortunate with other preparations. Have you anything that will subdue insomnia? My poor wife has been a terrible sufferer for more than a year. She has lost half her flesh, sleeps but three or four hours a night. Help me if you can.

W. E. BRICKELL.

—:o:—

You will get better results even in future with calcium iodized if you do not strain, as lime, being insoluble is removed and you give merely an iodine solution. If you dissolve calcium iodized give the entire product, stirring well if it has stood any time. Your wife's insomnia has some cause. If you will give us some idea as to her difficulty we will try to help her. In the meantime give somnos, (Mulford Co., Phil.), a tablespoonful at bedtime. This is safe and will give refreshing sleep. Cicutine and hyoscyamine will also give rest in many

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This treatment causes no pain and arrests bleeding; 20 grams of the solution are injected after morning stool.

cases but as we said we can give the proper remedy only when we know what troubles your wife.—Ed.

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THE PECULIARITIES OF CALCIUM IODIZED.

It is well to remember that there is a vast difference between calcium iodide and *iodized calcium*. The former is a definite chemical compound (Ca I_2), while the latter is lime supersaturated with iodine, the latter being freely liberated. This is not the case with Ca I_2 ; thus, to give this drug in croup and kindred conditions is a grave error. There is a further peculiarity about calcium iodized; for some reason not well understood the addition of the lime prevents the patient from suffering with iodism. It is easy to see why lime and free iodine would prove efficacious in croup or diphtheritic conditions, as also to understand the beneficial effect upon the strumous patient of the two drugs, but just why the patient who receives a liberal amount of iodine with lime as a vehicle should be free from all the unpleasant effects of iodine while he receives all those which are beneficial, is a problem. That such is the case, however, no one who has used calcium iodized will doubt. It has come to the point where the observant physician exhibits calcium iodized not alone for its special properties but whenever he desires to place his patient under the influence of iodine.

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IODIZED CALCIUM.

I have been using iodized calcium (calcidin) for some time and have found it fully up to any similar preparation that I ever used.

Did you see the November number of the *Ladies' Home Journal* on secret nostrums? Give it to your friends.

Did you ever give twenty grains of iodized calcium when the patient was so stuffed up with asthma that breathing was next to impossible? If not, try it! Always use water with iodized calcium and plenty of it. It would be hard to describe all the good qualities of this preparation. I have used it for years with great success. I always keep it on hand and many a little one (as well as not a few doctors) has been helped at my expense.

H. B. C.

—, Wisconsin.

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There is no question as to the great utility of iodized calcium. Its usefulness in bronchial affections to thin secretions and to cause normal mucous flow is beyond question. It will ultimately be used in many other ways as its great usefulness becomes apparent to the profession.—Ed.

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CIRCUMCISION, THE QUICK CURE OF CROUP AND PLACENTAL ANOMALY.

Leap year children are not so very common, but I can boast of delivering one on February 29 just past, it being a *ninth* boy. Sometime ago I delivered twins with a single placenta, the two cords being attached about three inches apart. Is this common or is there usually a placenta for each child? The textbooks seem to be silent on this subject.

Calcium iodized has never yet failed me in croup or croupous conditions and works like magic each time that it is used.

I recently had a child brought to me which they had been treating for over a year for incontinence of urine day and

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McBride (*Brit. Med. Jour.*) considers atropine an antidote for alcoholism; hypodermically three times daily—increasing doses.

night and could get no relief. I circumcised him and the condition was relieved at once. If I could have my way I would circumcise every male child that I deliver.

C. H. L.

—, Oregon.

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Leap year children are not common in any man's practice, but there are as many births on an average on Feb. 29 as on any other day in the year and the harvest does not fall short because a certain Feb. 29 happens but once in four years.

The case of twins attached to one placenta is not so uncommon. When the twins are contained in one amniotic sac the cords are apt to be close and there is but one placenta, though sometimes this is really fenestrated and a close examination will reveal this condition. For a really excellent description of placental and fetal abnormalities, see Edgar's *Practice of Obstetrics* or the *American Text Book*. The former is one of the most perfect works which has ever been issued.

As to circumcision, there are so many opinions that it would seem the question as to whether the operation is justifiable as a matter of routine will never be settled. If there is any abnormality we believe with you that the prepuce should come off, but when everything is normal it is at least reasonable to suppose that it should be left on. The glans was meant to be covered and now when we wear clothes which irritate constantly, it is even more necessary.—Ed.

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"MEDICINE" FOR INSPIRATION.

Find another "cartwheel" enclosed for the CLINIC for 1904-05. I cannot do

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In connection with atropine McBride also uses strychnine nitrate and bitter tonics; watch for physiological effects.

without it. It is the medicine for a continued inspiration, richly needed at times when one is at "his wit's end," with troublesome chronic cases. Through it and its teaching I am constantly successful where others fail. He who seeks, will find.

May your shadows never grow less!

H. H. ST. JOHN.

Edina, Mo.

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Thanks for the "cartwheel." It will serve to carry the van of progress yet a little further. We trust that the CLINIC may always prove a source of inspiration in times of trouble. Thanks also for your wishes for good luck. We wish our shadow would grow less. That is what is troubling us; it is getting bigger all the time.—Ed.

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IN THE THERAPEUTIC WARFARE.

I have been a subscriber and reader of the CLINIC for years, and find much in every issue worth more to me than all I have paid for it since first subscribing.

You have taken up the fight opened by the late Dr. John M. Scudder—for pure drugs, clean drugs, and the smallest dose necessary to meet the demands of the case in hand; these to be given for their direct action upon the different organs of the body as shown by the symptoms—always giving the remedies that have proven by experience to meet certain conditions as they arise in different diseases, no matter what the name of that disease. Empiricism, so it will be called; nevertheless truth comes from investigation and repeated trials of a remedy—and does not always accompany the remedy from the laboratory.

So go on with your good work, and

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Amrein (*Deutsch. Med. Woch.*) uses alcohol compresses for perityphlitis and other inflammatory affections.

continue to give to the medical world pure drugs, and the truth as to their uses—and success will crown your efforts.

W. B. MARCH.

Burson, Cal.

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Your expression regarding the CLINIC naturally gratifies us. We try hard to make each number appear better than the last and if we do not succeed it is not our fault, but that of the "family" who fail to send in their experience to us. We quite appreciate the difficulty that a man has in weaning himself from old things, but at the same time we are always ready to improve or benefit by recent discoveries which add to our comfort or efficiency.

Dr. Scudder's work—practically parallel with ours in the earlier days—for clean drugs and pure drugs has left its imprint upon the profession and we know we have benefited greatly by his efforts. We fully believe that success will finally attend our own efforts; even if we do not succeed in our lifetime in our work for better therapeutics, we will "get there" later. Just as surely as the sun rises each morning, so surely alkalometry will be some day the standard method of medication.—Ed.

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ANOTHER CASE OF WOUNDED KNEE-JOINT.

I was a farmer's boy and about fourteen years old. The crop was laid by and we boys went out to cut logs to build barns, etc., as we were settling a place in a sparsely-settled country at a time when sawmills were scarcely known. My little ax was keen and I had felled a small pine that lay near a

Kolipinski (*Med. News*) thinks arsenic in small doses the best thing for arthritis deformans; what's the matter with arsenates?

little oak. I measured off my pole and stood between a bush and pole. The first stroke I made my ax hung in a limb and as it came down, instead of striking where I had aimed, the corner went into my knee, laying the joint open. I fell to the ground, pulled up my pantaloons and saw the great gash, and as I thought then, *oil* running from it.

We had no doctors then. My mother applied that same old remedy, sugar and turpentine. I did not come out like the doctor's patient, but inflammation set in and extensive suppuration. I remember that I suffered long and terribly and was so reduced in flesh that my mother could take me in her arms and carry me anywhere she pleased. Finally I found myself on crutches and did not fail to use them. I remember I got many a fall and could hear my knee snap, to which I owe the benefit of a perfectly good and movable joint. What about the synovial fluid after suppuration of the joint and perfect restoration? I am seventy-two years old now.

J. M. THORNHILL.

Poplarville, Miss.

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As you say, Doctor, you undoubtedly owe the restoration of your joint, to the early movements and unintended massage, which broke up the adhesions which had formed. Permanent stiffness is likely to follow suppurative inflammation, but it is not inevitable.—ED.

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INTESTINAL ATONY.

In the initial number of *The Anti-septic*, Nunjunda Rao details a case of intestinal atony. This he tells us is a very common affection among the children of India, following diarrheas. The

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Arsenic to be effective must be given for at least a year and to effect; in severe cases it is used hypodermically.—Kolipinski.

symptoms are, constipation, flatulence, the child screaming with pain and writhing in agony. Carminatives and laxatives give but temporary and partial relief. Opium was effective only while the infant was narcotized, and necessitated enemas for the resulting constipation.

The case was that of an infant two months old. The foregoing treatment failing, the physician placed it upon eserine, gr. 1-150, in solution. "The result was striking, and almost seemed wonderful. Before two doses were given, at intervals of two hours, the bloated condition of the child's abdomen diminished, the child had a refreshing sleep after passing a natural motion. Only one more dose was repeated the next morning and the child has been well ever since."

The dose seems very large to us, but possibly the article furnished was not as good as that employed here; for adults one-hundredth of a grain is as much as we would advise for a single dose.

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THE LAMP CHIMNEY AS A STETHOSCOPE.

The other day while making a professional call, nine miles out in the country, I had occasion to use a stethoscope. Naturally the stethoscope and I were just nine miles apart. Did you ever notice that you can carry a stethoscope 364 days in a year and will have no use for it (only to swear about when you sit down on it), and will leave it at home on the 365th, when you find use for three of them, let alone one? Well, as I gazed forlornly around the apartment, my eye fell on a plain, ordinary everyday kerosene lamp, surmounted by a nice, scalloped chimney. While pensively con-

According to Leube, the incubation period in measles rarely varies from the classic ten days; this fact may aid in diagnosis.

templating how well the lamp became the chimney and how well the chimney, *vice versa*, as it were, I was struck with the superb idea of using the last mentioned as a stethoscope. I had it off in a trice and it worked just elegant. Place the large end on the point to be auscultated. Introduce the whole of the ear in the scalloped top which will be found at the opposite extremity, and it will out stethoscope a seventy-five center. Dampening the interior by gently breathing in it will improve the acoustic properties.

L. THOMPSON CLASON.

Urbana, Ohio.

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This is fertility of resource! The doctor who knows how to lay hold of the opportunities around him, even when his own seem small, is likely to "get there!" Laennec's first speculum was a block of wood, which he saw a playing child use to transmit sound. Sims' first speculum was a spoon! Thus great ideas are born.—ED.

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PHLEGMASIA—OR WHAT?

Was called May 10, 1903, to see Mrs. M., who had been confined some twelve or fourteen days before and had been attended by a midwife. She said she had rheumatism in her left arm. On examination I found the following condition:

Pulse 120, respiration 28, temperature 104° F. The arm was swollen from shoulder to finger tips. She complained of a very severe pain along the course of blood vessels and nerves and there was a feeling as of cords where the blood vessels and nerves are.

The bowels were constipated and there was a fetid breath; tongue was heavily

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coated; kidneys acting normally. She said she had had no difficulty about the flow; it lasted eight to ten days. No tenderness over the uterus. I put her on calomel and soda, of each one grain every hour till the bowels moved freely, quinine, gr. 4 every three hours and a teaspoonful of a saturated solution of chlorate of potash every three hours. For fever I gave the acetanilid comp. tablet. I bathed the arm in soap liniment every two or three hours. When I called the next day all symptoms about the case were improved, except the arm, which was covered by blisters from the elbow to the wrist; some of the blisters were two by three inches in surface.

I asked for a vaginal examination and was finally told to go ahead. I found the uterus about normal for that period after delivery, no bad smell or anything noticeable until I smelled of my finger, which had an odor as if it had been rotten for a considerable time. I advised an intrauterine douche with dull curette, but met a flat refusal, as they knew there was nothing wrong there.

I then asked for a consultation, and got it that evening. We found the conditions all exaggerated that evening. My consultant agreed with me, in regard to the douche. On introducing the curette the most offensive smell I ever met was when the curette entered the uterus. It made the air offensive even in the yard.

We used two or three gallons of hot water, and took our leave, Dr. C. advising them to use five gallons as a vaginal douche in the morning. I continued the same medicine except that I added sodium salicylate to the treatment.

I saw her the thirteenth again and all conditions were improved. The arm was swollen less and not nearly so painful.

Leube says that measles is contagious during the prodromal and eruptive stages; the scales during desquamation probably harmless.

Measles may be conveyed from one person to another by fomites and a healthy third person—though less often than scarlatina.

The temperature was normal and she was sweating some, and hungry. I saw her several times after that and used intrauterine douche every other day. Under this treatment she made an uninterrupted recovery.

CASE 2. I was called September 12, 1904, to attend Mrs. M., in confinement. Labor was normal, the placenta coming in fifteen minutes with practically no bleeding. I left with instructions to be called if anything went wrong. I was called back the twelfth day after confinement, for a troublesome diarrhea.

I found the following condition: Pulse 100, respiration 20, temperature 101° F. The bowels were moving every few minutes. Kidneys all right. The patient said from being up and down so much her left leg had become painful and was swelling. On examining it I found it, to all appearance, the picture of a beginning milk leg. I followed about the same course as I did on the first case, except I used the douche every twenty-four hours, with a complete cessation of all symptoms, and my patient is now well on the road to health. In both the cases here reported there were some shreds and mucus in the water and it was discolored sometimes, a blackish color, and as conditions improved it became red, and finally clear.

Now was that a milk leg in the arm, or what was it? I take the position that the uterine cavity is the source of infection in all cases of phlegmasia alba dolens and by proper attention to it the sufferings and bad effects following can be cut out by one-half.

This is my treatment: Intrauterine douche with curette, calcium sulphide to saturation, a teaspoonful of a saturated solution of chlorate of potash each three

hours. Nuclein drops with elix. lactated pepsin every six hours, quinine, 4 grains night and morning; elevate the limb and let the family treat it.

S. A. RUSSELL.

Stella, Mo.

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The first case that you describe is very interesting. So far as we can judge from your description, your diagnosis is in the main correct. It seems to be a case of phlebitis, probably consequent upon the uterine condition, which was plainly enough sapremia, due to the retention of some foreign matter in the uterus; this became necrotic and caused the awful odor which you describe. Just how the infection passed from the pelvis to the arm is hard to understand.

Your treatment was skilful and leaves little to be desired. The first thing was, of course, to clean out the uterine cavity. Usually it is a good plan to use the dull curette and the return-flow douche in order to secure the complete removal of all debris. The solution used should be antiseptic, of course. Lysol solution answers very well. If carefully used and the os is well dilated I find peroxide of hydrogen about 25 per cent, very effective.—ED.

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GOOD THERMOMETERS.

The cheap thing is usually "nasty." If there is one thing more nasty (when cheap) than medicine it is the clinical thermometer. By "cheap" here is meant unregistered, uncertified instruments. Not very long ago the entire staff of a large hospital awoke suddenly to the fact that the thermometers they were using were all unreliable. They varied from one to two degrees. Patients with

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Enteric fever, scarlatina, variola, erysipelas and whooping-cough have all occurred in connection with measles.—Leube.

During the prodromal stage of measles the symptoms are those of inflammation of the upper air tract.

normal temperature had been sponged, starved and "slopped" when they most needed strengthening and supportive treatment. Others had been discharged "cured" when as a matter of fact they were still febrile. And all because the management had bought a lot of "cheap," totally unreliable thermometers from an irresponsible house. Doctor, your thermometer to be worth carrying, must be correct. You had better never take a temperature than take it wrongly. Don't mistake the importance of this. Economize if you must in other ways but don't be mean enough—impolitic enough—to buy a "cheap," uncertified thermometer!

You might as well trust to your own sense of touch at once; in fact you would be more likely to avoid error that way, for the experienced finger and eye will detect the presence or absence of fever; but if a lying thermometer says "normal" when the appearances of fever are present, you are apt to disbelieve your own senses. A *good* thermometer or none at all!



THE BARIUM SALTS.

There is no question that the barium salts are used much less than their real worth warrants. In an article in the *Medical Brief*, Dr. C. D. F. Phillips gives an excellent description of these remedies and their uses. He says that they belong to the same group as lime, digitalis and strophanthus and should be regarded as cardiac tonics. Barium chloride is most used internally. The dose of this salt is usually given as one-half to two grains, but he thinks that one-sixteenth to one-twelfth three or four times a day is sufficient and safer. Murrell sums up the symptoms of a toxic



or lethal dose as follows: "Pain in stomach and bowels, purging, vomiting, face anxious, pulse feeble, breathing short and labored. There may be giddiness, cramp, paralysis and convulsions, collapse ensues, and may be followed by death."

Dr. Phillips gives the following summary of the pharmacological action of the salts of barium:

"Small doses (one-twelfth to one-eighth grain of the chloride) exert a stimulant effect on the stomach, increase the appetite, and produce loose stools. Larger doses prove irritant or caustic; three grains taken several times daily soon induce a sense of pressure at the epigastrium, nausea, vomiting and purging, with faintness."

"The chief and most characteristic action of barium is on the heart and blood vessels.

"The heart's action is at first stimulated, afterwards quickly and powerfully depressed by full doses of barium compounds, then, after some palpitation, the pulse becomes irregular, feeble, or imperceptible, and the surface cold and pale. Small doses raise blood pressure, while large doses cause a transient rise, succeeded by a fall, or from the first a sudden fall, according to the dose given. Voluntary muscles in frogs were apparently stimulated, and twitched for a long time after death. Boehm concludes that the action is very similar to that of digitalis. I can confirm this statement, for I have many tracings showing its action, in most of which its striking similarity to calcium and digitalis is distinctly demonstrated.

"In some experiments with Roy's tonometer, it was found that one hundred Cc. of saline solution, containing two

Upon the first or second day of prodromal period look for Koplik's spots—bluish white spots on a reddened base in the mouth.

The eruption begins on the fourth day of the disease; appears on face and spreads over body in 12 to 36 hours.—Leube.

Cc. of a one per cent solution of chloride of barium, produced in the ventricle of the frog's heart fusion and tonic contraction, the ventricle speedily passing into a condition of tetanus. In its action on the heart, barium is very like calcium and strontium but it accelerates the beats much more than do either of these substances."

The barium salts have been used for a variety of purposes. Thus, it has been assumed that they have some deobstruent effect in enlarged or inflamed lymphatics; they have been recommended in scrofulous and syphilitic swellings, scrofulous bone disease, ophthalmia, and anemia. One part of barium sulphide, mixed with four parts of zinc oxide and made into a paste with water is used to remove superfluous hair; it should be left on for about three minutes and then washed off.

Concerning its action upon the heart, which is acknowledged to be the most important, the author says:

"Da Costa praises it highly in restoring compensation and lessening cardiac pain; he gives one-tenth grain in pill three or four times daily for three weeks.

"Larger doses may be given, but tend to cause diarrhea.

"Hare finds that it slows and steadies the heart, that it acts as rapidly as digitalis, and does not disorder the stomach. Small doses, one-half grain to one dram of a one percent solution, do good in mitral incompetence and acute dilatation. Doctor Carpenter agrees as to its value, but advises caution, for a patient aged thirty-one, having taken one and one-half grains three times, was attacked with symptoms of gastroenteritis and collapse. He recommends as a dose, one-half dram of a one per cent solution, gradually increased to two drams.

"Flint, considering that it gives tone to the vascular wall, used it in a case of fusiform aneurism of the abdominal aorta in doses of one-fifth grain thrice daily; within a fortnight improvement ensued; and in five months cure was complete. Prolonged rest and rigid dietetic treatment were used at the same time.

"It will be seen that although barium has a limited range of action, the indications for its employment are clear and precise, and it is probably that with increased experience and the record of clinical cases, its sphere of usefulness will become more accurately defined."



SECTARIANS IN MEDICINE.

This article was suggested when a few days ago I received a blank from the New York Mutual Life Insurance Co., which they requested me to sign before appointing me their medical examiner for this district. The question which caused me much thought was, "What system of medicine do you practice?" Now my diploma doesn't say what "systematic" degree I have, the college doesn't say what kind of a medical college it is, other than The Kansas City Medical College, so you see I am at a loss to know just what I am.

Well do I remember my first day in college when one of our most brilliant instructors said in part, "Gentlemen, you are here to study medicine in its broadest and most liberal sense; no sectarianism will be taught. You will resent such terms as homeopath, allopath, eclectic, etc. There is only one system of medicine, just as there is one system of astronomy, chemistry and dentistry." Truly what is a dentist but a physician



Remember, that certain drugs, iodine, copaliba, antipyrin, etc., cause eruptions similar to that of measles.

Remember that typhoid, typhus, and syphilis are accompanied sometimes by a roseolar eruption similar to that of measles.

and surgeon whose practice is confined to the oral cavity? If he would go ahead with the rest of the body in the same unprejudiced manner, he would then be what I call a physician and surgeon.

Now let's get back to the question. The company seems to take it for granted that I am a sectarian, for he doesn't ask if I am one, but asks what kind of one I am. My school didn't teach sectarianism, so you see I am in a tight place. Well, I shall write in the blank: "Graduate of Kansas City College; Medical College; recognize no sectarianism in medicine."

I want to ask the editor and all the readers of THE ALKALOIDAL CLINIC if I did right or not? I remembering soon after graduating, a patient asked me the same question, and, not getting the reply he desired, he commenced to cross-question me and asked: "Are you a homeopath?" "No," I said. "Are you an eclectic or an osteopath?" "No." "Well, then, are you an allopath?" he said. So you see this diagnostician diagnosed by exclusion. So if to be no sectarian is to be an allopath, I'll plead guilty. Is this the only meaning of the word? I never heard it mentioned in my whole medical course.

I will relate an instance to show how this sectarianism is a curse to medicine. Some argue that it stimulates research along different lines. I don't think so. Now for the other side:

I know a wealthy man who wants to endow a medical fund to encourage medical research. One day he said to me: "I can't make up my mind as to what 'school' to give it to." Medical men, what do you think of such a state of affairs. Had this man desired to help veterinary science, he wouldn't have seen all of these so-called "schools" with their

"ists" and "isms" staring him in the face. Medicine should command at least the respect that veterinary science does.

Isn't it about time we were uniting into a great body and stamping out all of this sectarianism with all of the so-called "ists" and "isms," or is it impossible?

I am aware that the great trouble is with our legislators. We can't get satisfactory medical laws. Each state should have medical requirements as rigid as those of the army and navy. Then and not until then, will each state have practitioners that compare with those of the army and navy, whose medical boards recognize no sectarianism. Each state can have this high standard if it will, but as long as they keep on creating separate examining boards for every "pathy" that comes up, it is hard to see where the end is. A safe way is to take the army for our example and not recognize every sect that wants to install its own private examining board.

I promise you an article soon upon "Burns," and as this is a large mine and smelter at which I am surgeon (third largest in the world, employing about 4,000 men) I feel as though I can write from experience at least.

B. W. GREENE.

Texiutlan, Puebla, Old Mex.



"GROWING!"

I began only some three or four years ago to use the alkaloids in a small way, first getting the nine-vial premium case and have gradually enlarged along alkaloidal lines, ever since. At first I was cautious with the alkaloids, first beginning with your "clean out" theory, then tried aconitine for fever and the sulphocarboiates to "clean up."



Remember, that the diagnosis between scarlatina and measles is often difficult; keep in mind period and locality of eruption.

Remember, that the symptoms of measles during the prodromal stage are very similar to those of influenza.

I now use the alkaloids more freely, and frequently go out into the country with nothing more than my case, No. 3, filled with alkaloids. My principal treatment with children now is alkaloidal. If those who are skeptical will take the trouble to look at H. C. Wood's *Materia Medica and Therapeutics* (the work I studied at school) they will see that Wood's first description of a drug was its alkaloid.

The alkaloids are easily carried in quantity; they are clean, palatable, and gave all of the physiological effects that can be expected of medical treatment, minus the nauseous, bulky trash that goes with a teaspoonful of tincture or fluid extract to get the effect of a minute dose of its alkaloid or active principle.

H. J. CAMPBELL.

Glenwood, W. Va.

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We hope—no, we are sure—Doctor, that as time passes you will use the alkaloids more and more, not only for children, but in every case. From experience we know that there is no other method of medication which will give the same results and the more severe and serious the case the more satisfactory will alkalometry prove in the hands of the careful diagnostician.—Ed.



TUBERCULOSIS AND THE INDIAN.

When the Indian for the first time put up his wigwam in the vast forest of the upper peninsula of Michigan is not known. History does not tell us, and from the present Indian we can only learn that it was long, long ago.

The following Indian tradition regarding these early times was told to



Remember that one of the things most to be feared in measles is catarrhal pneumonia as a complication.

me by an Indian named Asquivegan. According to old Indian custom, one or more members of a tribe are keepers of all traditions regarding their own tribe. These traditions are handed down from father to son from one generation to the other. Asquivegan is one of the tradition keepers for the Obijway tribe now living in the upper peninsula of Michigan, and consisting of about 1,500 Indians. When asked about what time they first came to Michigan, he answered:

"Long, long, long, time ago the great spirit made stones, trees, fishes and big game and then he made the Indian. If he made more than two at first I don't know, because my father did not tell me. Then long after that the Indian came to these woods to hunt and fish. At first there were several of them and they lived in different wigwams, but not far apart. After awhile they divided; some liked hunting best and they went to the woods, and others preferred fishing and they put up their wigwams near small rivers and lakes. Often the Indian from the woods came to the Indian at the lakes, bringing game and furs as presents for which they received fish, etc., in return."

Their wigwam was a simply-constructed hut that everybody is familiar with. In it they spent but little of their time and it was practically only a shelter at night. Garments consisting of a loose jacket and trousers for the men and a large-blanket for the women were made from fur and constituted the principal clothing.

Hunting in a virgin wood and fishing in a virgin stream is a sport from which no one can receive exaltation except through actual experience. To spend a

Remember, the importance of thorough elimination, "cleaning out," and of keeping the bowel sweet and clean.

lifetime in these environments produced a people with very peculiar habits and temperaments, but with sound bodies, the handiwork of Nature, in which the entire product of the fulfillment of its laws lay embodied. We find here a people who lived in the simplest manner possible. Adapting themselves to their environments they had become the children of Nature, abiding by her laws in contentment.

In these woods of beauty and solitude, they hunted their game, danced their war dance and smoked their pipe of peace; about their primitive huts the simplest mode of living and the fullest enjoyment of health was displayed.

Diseases among these people at this time were practically unknown. They all lived to good old age and death was a gradual decline towards a peaceful and expected end. Injuries caused by accidents were about the only complaints in those days.

These conditions the white man found when he first appeared among the Indians. He located near the Indian camp and opened up trade communications with them. From this time the Indian dates the introduction of disease. The first ailments consisted of complaints of the chest and stomach, also swellings of the arms and limbs, without external cause.

Tuberculosis up till this time was here a rare occurrence, even among the white people, because the pioneer settler usually enjoyed good health, one of the requisites for venturing into the unsettled country. However, with these white pioneers came also tuberculosis.

The Indian in his normal state of health was not very susceptible to it, and so we find a long period of time

elapse before it appeared among them, and not until they had diverted from their old way of living and adopted degenerating habits.

Thus dawned a combat with this most dreaded disease among a people equally well fitted and unfitted to receive it, as those who brought it to them. Years have faded away and their memories like shadows long since vanished, leaving us little to know of all that which happened during the period of semi-civilization.

The Indian recognizes tuberculosis by a prolonged cough accompanied by general debility. No alarm, however, is displayed until the patient has a hemorrhage.

The diet which was used by the Indians consisted principally of meat from the game that was killed in the woods and from fish speared with a bone spear which was made from the second bone in the leg of a muskrat. The meat was prepared by roasting it over the open fire or by boiling it in a clay bottle. No bread was used; a substitute for this consisted of various fruits and roots growing in the woods. These were eaten raw and constituted a very small part of the general diet.

At the present day we prepare with much care a dietary for our patients, after first having determined the oxygenating capacity by ascertaining the amount of hemoglobin and number of red blood cells, as well as the average output of nitrogen per diem.

If we supply a correct amount of proteid, glucose, fats, and mineral salts to the body economy we are able to increase the chemico-physiologic activity, thereby hoping to prevent such diseases as are depending on a low state of chem-



For the febrile stage of measles you will of course use aconitine; it reduces fever and keeps skin moist.

To bring out a delayed eruption, give a hot or vapor bath and if the patient is robust, give small doses of pilocarpine.

ico-nutritive force for their development.

The animal class of food has three constituents: Albumin, sugar and fats, in such proportions that the requisite amount of these three substances can be furnished without introducing excess of any one substance. The animal class, however, does not contain sufficient of the iron-bearing albuminoids which are so important. This latter substance we find in the vegetable class of foods. For this reason we arrange a mixed diet consisting of meat (this being the principal part), bread and butter, and eggs and milk. The above diet will furnish to the body economy, when taken in proper proportions, all necessary nutritive elements.

The meat diet which was formerly used by the Indians and the one which we today prepare for our tubercular patient may at first appear widely different, but by careful analysis we find that the ultimate results in the complete oxygenation of the ingested foodstuff from these two diets is surprisingly similar.

This natural resistance to tuberculosis, which the Indian in his native state so conspicuously displayed, was possibly but a manifestation of the high chemico-physiologic activity due to their mode of living and natural environments.

The above statement may receive support from the fact that as the Indian changed his habits from a roaming hunter in the woods to the settled occupation of a primitive agriculturist, in which condition of life their food was obtained largely from the vegetable kingdom. Their mode of living now being greatly changed, so was their susceptibility to tuberculosis equally increased.

In conclusion I will quote two state-

ments regarding the predisposing causes of tuberculosis. Nor for the sake of comparison do I put these two statements, from so widely different sources, side by side, but their appearance in such close proximity may prove instructive.

The first statement is a modern theory of the predisposing causes of tuberculosis, formulated by an eminent authority on this subject, as follows: "The vegetable diet or one highly charged with starch and sugar, is largely responsible for the subnutritive condition of the system which makes possible a tubercular infection."

The second is ancient tradition among the Indians, their belief regarding the cause of tuberculosis: "Any person who uses exclusively for their food, products of the earth which can be destroyed by cold, becomes very weak. When the leaves fall from the trees and the frost comes in the autumn the food they have eaten freezes them internally, from this they develop a cough which continues for a long time till they finally die."

Here is a modern and ancient theory of the predisposing cause of tuberculosis.

The progress in medicine has taught us a great deal about the pathology of tuberculosis, the specific cause has been isolated and etiology is well known, but a successful treatment of this most dreaded disease is still wrapped in the mysteries of the unknown.

The progressive physician of today steps forward upon the path leveled by science and treats his patients from his knowledge of the chemico-physiologic laws that govern the dispensation of nutritive elements of the body economy.

Now, long ago there was an Indian



The eclectic remedy for delayed eruption is *asclepidin*; it is less powerful than *pilocarpine* and suited for delicate children.

For catarrhal conditions of the eyes, nose, larynx, pharynx, etc., *anemonin* is highly recommended by some.

trail, both winding and obscure in its course. But upon it the Indian in his native state traveled in a direction pointed out by his own instinct.

Today there appears close and parallel with the above-mentioned hidden trail a broad and luminous path in a direction pointed out by our trustworthy compass, science. Upon it *we* travel guided by modern theories and facts; but if we look about us we may perchance even to-day discover an ancient Indian trail leading the way.

G. H. PERRSON.

Sault Ste. Marie, Mich.



A SAGE BRUSH CONSULTATION.

I was called to consult. The patient had angina pectoris—that was easy; also alleged acute pericarditis. I saw pneumonia also, which later developed. This patient, age 35, male, had a temperature of 105° F. There were no signs of cold applications in any form, although two physicians had been in attendance and the patient had been seriously sick for four days. No sulphocarbolates had been used. I overstepped the ethical limit and, forgetting that the family was present, condemned the neglect in allowing the patient to lie without cold applications, while the temperature had been 105° F. during the prolonged examination by three doctors besides myself. I knew, also, that although cathartics had been used intestinal antisepsis had been neglected. Aconite, digitalis and strychnine hypodermically had been used, yet the “triad” or the defervescent comp. were not used.

Getting started, I had to fling in a hint that pneumonia could be aborted if we used cold, intestinal antiseptics, saline



To loosen the dry cough and catarrhal complications of measles the indicated remedy is emetine; apomorphine has similar effect.

laxative, calomel and the triad. What I wish to know is, if under such circumstances a physician is not excusable if he speaks his mind in a hurry and cannot wait until a dull review of the case is made, so that with all due moderation, the patient at the same time living with his 105° F., a diagnosis is made which, according to some authorities, must be made before a thing is done. To me pneumonia was written in the patient's face before I touched him. The other three agreed that the case was a complication of pericarditis and angina pectoris, but I insisted that pneumonia be counted in also.

In thirty-six hours the two doctors to whom the case belonged admitted pneumonia, and it was then that I reminded my consultant that the “gilt-edged diagnosis” was too limited and the case was one, as I had declared before, suitable for the “A & W” pneumonia abortive treatment, with “Boyntonian modifications.”

C. E. BOYNTON.

Los Banos, Cal.



A TRIBUTE TO THE LATE DR. COLEMAN.

When the death of this profound alkalometrist reached my ears I heard an inward echo resounding the solemn “Next!” Am I now the oldest alkalometrist in this country? My vigor at the age of 76 I owe, under God, to my paternal ancestry, the last two of whom reached their one hundred years, in spite of chronic infirmities, which also I inherited from them. And my alkalometry I owe chiefly to three men who enthused me: Abbott, with his wonderful vitalizing powers of generalization, and Coleman and Waugh, with their appar-

For cases attended by debility, use strychnine and guinine; an excellent remedy in these cases is the triple arsenates.

ently unlimited resourcefulness in emergencies.

There is an ancient injunction by a rabbi of the unprejudiced age before Christ, which says that if one has learned from his associate a single verse or word, or even a letter of God's teachings he is bound to exercise honor towards him, and call him "My Master, My Prince and yet My Friend." And these I solemnly call after the departed Coleman, together with my Rest in Peace!

Coleman's services to the humanity of his country will not only yet be acknowledged more and more here, but have already been acknowledged in France, the original home of alkalotherapy and the alkalometric method. I beg the reader to read my GLEANINGS in the June, 1904, CLINIC, p. 607, and see what Dr. Albert Salivas, a master dosimetrist, says of our now-departed colleague and master.

E. M. EPSTEIN.

Chicago, Ill.



ABOUT THE EAR.

In treating diseases of the ear, thiosinamin has proven to be an entire failure. I have given this drug internally for a period of four to six months, in conjunction with hot-air, and have found them both a failure in treating chronic diseases of the ear. Thiosinamin is very irritating to the stomach when given internally and will soon produce a severe gastritis, and for that reason is not worth any further consideration as a remedy in the treatment of diseases of the ear.

I have tried hot air and the vibrating massage engines for treating sclerosis of the drum and adhesions of the os-



Leucocytosis is below par in measles; hence the cell incitant, nuclein, ought to do splendid service.

sicles, also the greatly vaunted hot-air treatment described in the Dec., 1903, CLINIC, which consisted of putting the whole body, except the head, into a hot-air oven; they all have proven failures in my hands. In fact I have "bit" at and tried every phantom that has come to my notice for the past two years, endeavoring to find a successful treatment for deafness or one at least that would give some relief. After all, the treatment described in standard text-books, supplemented here and there with such active agents as calcium iodized, calcalith and euzymol, as the symptoms seem to indicate, seem to be about all this is worth consideration.

No doubt every reader of this journal is familiar with the first-mentioned remedies, if not, it is high time that he should be. Euzymol is a digestive ferment which is extracted from certain glands taken from the stomachs of pigs. When diluted with an equal volume of water it is ready for use and is said to be about the same strength as gastric juice of a dog, and will attack pathogenic tissue wherever found. Any one following this special line of work will readily see the advantage of an agent like this in treating suppurating middle-ear diseases and to clean out the canal of diseased ears in children, where it is often impossible to use any other method? Euzymol can be dropped in the ear every time the child is put to sleep, placing the child with the diseased ear upward, and treating them alternately when both ears are affected.

Only a small quantity should be prepared at a time, as this remedy is not very stable after it is diluted with water.

J. B. SWABEY.

Ludington, Mich.



For young children a splendid tonic is brucine; better than strychnine for cases occurring in infancy.

AMONG THE BOOKS

The *International Clinics*, Vol. 3, 1904, a quarterly of illustrated clinics gathered from the world's high authorities, is loaded with most useful articles on Syphilis, Treatment, Medicine, Surgery, Gynecology and Neurology. If we were permitted to call special attention to any article it would be The Differential Diagnosis of Syphilitic Eruptions by Dr. A. A. Ohmann-Dumesnil; to Hyperacute Syphilitic Nephritis, by Drs. Chauffard and Gouraud; and to Rest Cure in the Treatment of Chronic Constipation, by Dr. Ismar Boaz.

In the last article we were surprised to see that Boaz does not know of the great benefit from glycerin suppositories. But others, too, do not know it. J. B. Lippincott Co., \$2.00.



A Compend of Medical Latin, designed specially for elementary training of medical students, by W. T. St. Clair, A. M., is excellent for its purpose. Latin is not a mere ornament, but a need for the physician, and is getting to be so more and more. Publishers, P. Blakiston's Son & Co. Price \$1.00.



Dwight's *Epitome of Toxicology*, one of Lea Brothers & Co.'s medical epitome series, is considerably more than a mere epitome. To be sure, it is not exhaustive, but it is a very handy, compactly-printed book, well arranged for both physician and student. And pray when does the honestly-educated physician cease to be a student? Lea Brothers & Co., Philadelphia and New York, 1904, \$1.00.

Sexual Vitality is a splendid collection of important information on points of which many are ignorant who should not be. It is a pure book, or we would not notice it. It is not for sale, but it is given as a premium to the subscribers of *Vim*, a periodical devoted to hygienic subjects, published by the Vim Publishing Co., 500 Fifth Ave., New York, \$1.00 a year.



In the September CLINIC, where we reviewed the excellent and exhaustive work of Dr. Janeway, on The Clinical Study of Blood-Pressure, we said that "a reduction of the subject matter of the book for the daily scientific need of the busy practitioner is very desirable." Now we find that desire remarkably fulfilled in *Blood-Pressure as Affecting Heart, Brain, Kidneys and General Circulation*, by Dr. L. J. Bishop. More commendation is hardly needed. It is available useful at once, Publishers, E. B. Treat & Co., New York, \$1.00.



The Foundation of all Reform, the Diet Question, by Otto Carque, Kosmos Publishing Company, Chicago, 25 cents, is of the race, world and universe reform kind. For knowing the extremes of some current thought the treatise is commendable.



Appendicitis and Other Diseases About the Appendix, by Dr. Bayard Holmes, forms Part I, of the Surgery of the Abdomen, in what promises to become a most valuable series on surgi-

cal emergencies. Published by D. Appleton & Co., New York, \$2.00. The part treating of appendicitis occupies 241 pages, and is a practical monograph of much originality which commands and fastens attention on every page. The parts treating of Peritonitis, Intussusception, Perforated Typhoid Ulcer and Carcinoma of the Intestinal Tract occupy 90 pages. Then follow a general bibliography, adages and index. Neither the surgeon who is for immediate operation, nor the physician who hesitates, should neglect the perusal of this monograph—and to the latter class we recommend it more especially.

Manual of Physiological and Clinical Chemistry, by Dr. E. H. Bartley, second revised and enlarged edition with 47 illustrations, aims to teach that part of chemistry which the physician needs at the bedside. Then he needs to know the physiological chemistry of the body so far as it bears on the aberrations from normal. The book is an outgrowth of the author's teaching in the Long Island College Hospital. Publishers, P. Blakiston's Son & Co., Philadelphia, 1904, \$1.

Refraction and How to Refract, by Dr. J. Thorington, is now in its third edition, considerably increased in illustration. We take pleasure in repeating of this third what we said of the 1900 edition in the CLINIC for May, 1901: "An excellent book for beginners, in language and in abundant and excellent illustrations. [More so still in this third edition.] Amply sufficient to make one familiar with the normal and abnormal human eye. It is just the book for the country physician, for he cannot afford to neglect the fitting of glasses for

which he has constant calls." Publishers, P. Blakiston's Son & Co., Philadelphia, 1904, \$1.50.

The General Practitioner as a Specialist, by Dr. J. D. Albright, third edition, revised, enlarged and illustrated. Published by the author, Philadelphia, 1904, and sold at \$3.00 cloth and \$3.50 half leather. This is a book which the physician who knows his profession, scientifically and practically, may well use to honorably increase his reputation and his income. With the exception of high and capital surgery, there is no reason why the family physician should not practice the specialties of diseases of the rectum and anus, hernia, nasal catarrh, alopecia, etc., etc., in all of which Dr. Albright's book is a safe and sufficient guide.

Of the visiting lists, which are indispensable at this time of the year, we desire to call attention to the *Medical Record Visiting List for 1905*, published by Wm. Wood & Co., containing beside the usual blank pages for the physician's accounts, calendars for 1905, pregnancy calculations, tables of weights, measures, thermometry, and many points of physiological and pathological importance. Bound in flexible cover with flap, \$1.00.

Another very useful *Physicians' Visiting List* is that published by P. Blakiston's Son & Co. for 1905. It is bound in smooth leather, with tuck, and arranged for twenty-five patients a day. It contains many handy items of information too numerous and almost too good to be mentioned. \$1.00.

During the convalescence of scrofulous children it is a good plan to use iron iodide; take careful care of these children,

Do you want to go to Panama as physician or surgeon at good pay—\$150 to \$250 a month? Examinations Jan. 18,

CONDENSED QUERIES ANSWERED

PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

ANSWERS TO QUERIES.

ANSWER TO QUERY:—I notice in the September CLINIC Queries someone states that the patent medicine sold over the country under the commercial name of liquozone is made from sulphuric acid or sulphurous acid. I beg leave to differ from them. I think it is the preparation usually known as chlorine water, made by mixing one dram each of pure hydrochloric acid and chlorate of potash. After a green gas has filled the bottle add gently six ounces of water and shake until gas is absorbed. This preparation is a little stronger than the liquozone, but identical in smell.

H. G. S., Kentucky.

The statement we made in the CLINIC was made after an exhaustive analysis had revealed the composition of the preparation. The medical press during the last month or two has contained numerous comments upon this proprietary and the formula given by us is accepted as correct, and is not questioned by the manufacturers. A few cents would make a gallon of liquozone.—ED.

ANSWER TO QUERY 4562:—I just write to say to E. W. S., Query 4562, that I recently cured a case of sciatica by giving four granules, gr. 1-134, aconitine every half hour to physiological effect. I also cured lumbago in the same patient

at the same time by hypodermics of morphine sulph., gr. 1-4, atropine gr. 1-50, directly into the part. He had a "crick" in the back and couldn't straighten up. I have cured several cases in this way. Give one injection a day into the painful part. This straightens them up all right in from one to three or four days.

J. S. STANTON, Lusk, Wyo.

ANSWER TO QUERY 4524:—L. A. G., Indian Territory; November CLINIC. I have had excellent success with the following in catarrhal troubles: Powdered cubebs, powdered hydrastis, of each, oz. 4; powdered mullein, oz. 3; resin podophyllum, gr. 15. Mix and macerate in water and alcohol of each one quart for forty-eight hours, then percolate and dispense as follows: Glycerin, oz. 2; guaiacol, dr. 1; catarrh mixture, q. s. ad oz. 8. A teaspoonful of this after each meal and on retiring. I use this prescription in all catarrhal affections of lungs, stomach and bowels and very seldom lose a case.

C. W. BAYNHAM, Ft. Smith, Ark.

Thank you very much for your answer to query 4524. If all our readers would send in their most successful formulæ for the cases described in the CLINIC it would be of immense advantage all the way around.—ED.



QUERIES.

QUERY 4600:—"A Tapeworm That Won't Be Evicted." Woman, 52 years;

spare, rather weak stomach; every three or four weeks has so-called "bilious at-

tack;" terrible headache at this time; photophobia, very severe. Sick two or three days, then all right but very weak. She has passed links of tapeworm, so know she has it. She has just come into my hands so I am very anxious to help her. She is in despair and has now made up her mind that nothing can be done for her. She took the tapeworm remedy you recommend as directed in two doses; first, staid all right. When she took the second dose up came everything but the worm and she was terribly sick at her stomach for several hours, being much depressed and nauseated. What would you advise and do you not think it possible to get him? Do you not think it would be much better to give something in one dose?

D. G. H., Wisconsin.

In our hands this remedy has never failed. In the first place are you *positive* that there *is* a worm present, that is to say, have *you* seen the joints in the stool? If you are sure of the presence of the tenia, have this woman take a heavy supper at night, eating plenty of potato salad and onions, and the next morning, first thing (and fasting) let her take half the medicine after standing the bottle in hot water until it is thoroughly warm through, then pouring the medicine into a hot cup and taking it therefrom immediately. Let her eat a piece of bread to clean the mouth, and lie quiet for a few moments, as directed. Still fasting, let her take the second half of the remedy in the same manner, three hours later, and in three hours, if stools have not appeared, let her take a cathartic. When the stool does come let it be passed in a vessel of water and the worm will float up. Instruct the woman to on no account pull the worm; otherwise she will break off the head. Out of thousands of cases but a score of failures have occurred and we truly believe that fully

half of these were due to the non-existence of a tapeworm in the patient. It has been found that the two-dose method is the most effective, and that is why we recommend it. Try again and see to it that your patient does absolutely what she says she does, i. e., follow directions. —Ed.



QUERY 4601:—"Eczema." I have suffered with this terrible disease for about three years. My case is one of the exudative form, exuding an ichorous fluid a goodly portion of the time, especially where there is an abrasion of the skin. Sometimes the places that have been raw and inflamed heal over and then a dry crust or scale appears. It seems that I have used nearly everything with no avail and now I come to you to help me if you can. I should like to know your treatment in full. Please prescribe a diet that will not aggravate the trouble. Nothing seems to disagree with me at present but if there is anything that I should not eat I want to know it. My case is one of the most stubborn I have ever seen and I have been in actual practice for thirteen years and right here I will say that Dr. Shoemaker of Philadelphia, the noted dermatologist, has treated me without any good results. Will also state that there is neither tuberculosis nor syphilis on either paternal or maternal side for two generations back. My father had a cancer come on his nose from an injury sustained by falling plank, though this occurred when I was about ten years of age. My general health has not been affected by this terrible trouble that I can see, though this terrible itching both day and night has ruined my disposition.

J. F. A., Alabama.

. Take calomel and iridin one tablet, podophyllin, gr. 1-6, and juglandin, gr. 1-6, half-hourly for four doses every other night for a week; the next morning a teaspoonful of saline in a glass of



Solis-Cohen (*J. A. M. A.*) says that pneumonia is primarily a toxemia—that the local changes are secondary,

In pneumonia the main thing in treatment is to eliminate the toxins; blood letting followed by venous infusion.—Solis-Cohen.

hot water before breakfast. At the mid-hour between meals xanthoxylin, three granules, chimaphyllin, three, and alnui, two; before eating two digestive tablets (see page 1332) and after each meal four sulphur compound granules (pulverized sulphur, gr. 1-134; extract nux vomica, gr. 1-67; podophyllin, neutral, gr. 1-67; collinsonin, gr. 1-134). Locally apply ichthyol one dram, resorcin one dram, lanolin one-half ounce, and vaselin one-half ounce. This application should be made morning and night. It may be necessary to increase the proportion of ichthyol. You cannot eat sweets, smoked or salt meats, but you *must* eat all the fruits and vegetables you can possibly hold, especially baked apples, say two for breakfast. Take well-cooked cereals, fresh eggs, lean meats, fish, milk, etc. Take as much exercise as is possible and twice a week bathe the entire body with the following solution: epsom salt one tablespoonful, water one quart. Wash this off with plain warm water and follow with a brisk rub with a rough towel.—Ed.



QUERY 4602:—"Chloral Hydrate."

How strong and in what quantity, should one give chloral hydrate hypodermically to infants and children. I have given chloral hydrate, per rectum, for convulsions in children with admirable results, but I know that the rectum is often loaded with feces and is often slow in absorption. I am aware that Holt advocates chloroform inhalations, morphine hypodermically, chloral per rectum followed with sodium bromide. Now a physician in our section gives chloral hypodermically and he has never produced an abscess and at once the convulsions cease. Please let me know what strength would be the best to give the chloral hypodermically and produce no abscess. Of



course I refer to temporary relief from convulsions.

W. B. P., Alabama.

We must confess that we never heard of chloral hydrate being used hypodermically by the same man twice. It has been done in ignorance of the effect once—but never again. The action is irritating to a degree and only in severe cases of strychnine poisoning would we attempt to use it subcutaneously. Then abscesses would form. Should it, by accident, be injected into a vein, death would follow. As the internal dosage ranges from ten to thirty grains, and as children can tolerate large doses you can see that the dose, hypodermically, would be quite large. Chloral is used as an injection in gonorrhea, and combined with carbolic acid as a local application; also is applied (covered) to the skin as a vesicant. The best way to give the drug is with distilled water one part to fifty. Rectal injections of from ten to fifty grains, have proved of service, but again we must urge against the use of chloral hypodermically. If the doctor you speak of uses chloral at all he must have discovered some method of combination which prevents the usual local effect of chloral hydrate.—Ed.



QUERY 4603:—"Heat Congestion."

What would you recommend for congestion due to heat? During attacks face flushes, feels hot and heart beats fast—usually attacks daily. Also another case of congestion, coming at times, but heart not exaggerated in force or rapidity. General health in fair shape.

O. F. W., Indiana.

Elimination and depletion is the first necessity. Give elaterin, one granule half-hourly, adding to every other dose, capsicin, one granule, until four doses

Solis-Cohen is an advocate of veratrum viride in pneumonia; he thinks it antagonizes the pneumotoxin in some way.

Solis-Cohen also recognizes the importance of the disturbed pulmonary circulation and endeavors to restore equilibrium.

have been taken, following an hour later with a teaspoonful of saline laxative in a glass of water, repeating this in three hours. Morning, noon and night, give the dosimetric trinity (aconitine amorph., gr. 1-134; digitalin, Germanic, gr. 1-67; strychnine arsenate, gr. 1-134), one granule on an empty stomach; atropine, gr. 1-500; cactin, one granule, and hamamelin, three every four hours. After the condition has been controlled, a saline in full dosage every morning and small divided doses of calomel, podophyllin and leptandrin, say 1-6 grain each, half-hourly for four to six doses twice a week. This is best given after 7 o'clock in the evening.—Ed.



QUERY 4604:—"Enuresis Nocturna." A girl, 11½ years old. She wets the bed very much every night. Atropine has but little effect; denial of fluids after 4 p. m. does but little good. I rouse her up two or three times a night to empty bladder; it does no good for she frequently floods the bed within thirty minutes after getting up. I am away from home some 500 miles, so I can not give her personal attention.

A. H. S., Arkansas.

The best formula for enuresis of this type is hyoscyamine, one granule; hydrastin, one; strychnine arsenate, gr. 1-134, and ergotin, one granule, every four hours. Three drops of specific tincture of thuja may be added if necessary, in very obstinate cases. Of course worms and preputial and rectal abnormalities must be remedied.—Ed.



QUERY 4605:—"Calcium Iodized in Pregnancy." Is it safe or advisable to give calcium iodized or any iodine preparation to a woman five months pregnant, suffering with goiter? No exophthalmos.



Solis-Cohen says drugs must be employed to antagonize toxemia on heart and vessels—digitalin, barium chloride, atropine, strychn. ars.

Kindly give your opinion in regard to the matter.

J. A. W., Missouri.

Calcium iodized may be given to a woman, four months pregnant, with goiter, without fear of dangerous consequences. However, some women show a peculiar susceptibility to the action of iodine and you will have to feel your way. Give small doses, say one tablet every four hours. We should prefer, however, not to attempt to treat a case of this kind during pregnancy. Goiter frequently enlarges during pregnancy and disappears almost entirely after parturition.—Ed.



QUERY 4606:—"Nuclein." What is the best method of taking nuclein for a overworked and run down system?

W. H., Texas.

For the hard, overworked, rundown patient, four to six drops of nuclein should be given on an empty stomach, but the best remedy for this condition is unquestionably the triple arsenates, with nuclein, two after each meal.—Ed.



QUERY 4607:—"The Care of Nuclein Solution." I am using nuclein solution for injection in a case of epithelial cancer. As it comes in reasonably large bottles (more than is used at one time), I find that it has to await from one day to another and consequently is liable to deterioration. Does it deteriorate if the bottle has been opened, and then is corked, from the new air contained? I have been keeping it in a moderately cool place in the refrigerator. Does that take away the value of it or at all interfere with its action? If that is too cold kindly inform me and let me know just what is the best temperature to keep it from changing—if it *does* change.

R. J. T., Massachusetts.

Solis-Cohen advocates the use of nitroglycerin when the blood pressure is too high; usually with digitalis.

No, Doctor, nuclein does not deteriorate if ordinary precautions are taken as regards the use of the fluid. Do not keep it in a hot place. Draw off with a clean dropper or sterilized hypodermic syringe or needle, just the amount for injection, and then stopper closely. Take care not to have any of the nuclein left around the neck of the bottle. Do not keep it too cold, but at the ordinary temperature of the room. All such preparations as nuclein lose their value if subjected to a temperature at freezing point. How much are you injecting at a time and are you using condurangin in conjunction with the nuclein, or nuclein alone? "The family" would be pleased to have a report from you.—ED.



QUERY 4608:—"Hepatic Colic." What is the best remedy for hepatic colic?

R. B. C., Wisconsin.

Sodium succinate has proved the most useful solvent of gallstones known to the profession. One or two tablets of sodium succinate should be given two or three times a day accompanied in many cases by three to four granules of pilocarpine. The best treatment for hepatic colic, that is to say the acute condition, is to give atropine and strychnine in full dosage, repeating every fifteen or thirty minutes until pain ceases. A very good plan is to give a few mouthfuls of hot water with the medication. In some cases hyoscyamine proves more efficacious than atropine. Hypodermic administration is, of course, preferable in every case if the patient does not object to the needle. Do not forget, Doctor, that dioscorein and colocynthin are both of great service in ordinary colics, and with strychnine, one granule, atropine, one, and codeine, one,



This is a fine paper by Solis-Cohen; he appreciates the importance of vasomotor therapy. Get *J. A. M. A.* for Dec. 10.

given with hot water every ten minutes will cure nearly any colic with which we may meet.—ED.



QUERY 4609:—"Sciatica." Woman, 78 years old, no previous history of rheumatism or neuralgia. Some indigestion for several years. General physical condition fair. Have used almost the entire pharmacopeia. Included in this treatment are deep injections of morphine and atropine; also chloroform. I have made four injections of chloroform, two into the sacrosciatic notch and two around the knee. Nothing seems to affect it. Any suggestions will be gratefully received.

A. T. B., Illinois.

We are unable to promise much in the treatment of sciatica. We have found, however, that thorough elimination and the maintenance of an aseptic *primæ viæ* is one of the main considerations. The antirheumatic, one, with macrotin, one, and bryonin, one every three or four hours, has also given good results. In old-standing and stubborn cases there seems to have been a change in the nerve sheath; sometimes adhesions have taken place, etc., and nerve stretching or section are the only things that will give real results. Guaiacol rubbed in over the notch and along the course of the nerve, with hot flannels applied subsequently, sometimes gives relief promptly, as does also the chloride of ethyl spray. In this particular case we suggest that stretching the nerve would probably give you the best results. You might try flying blisters the size of a quarter, from over the notch downwards at intervals of three inches, allowing three or four days to elapse between applications. Salines with colchicine, in hot water every morning will help considerably.—ED.

Anders collects 447 cases of pneumonia treated with serum; the death-rate was 15.7 per cent. Not very encouraging.

QUERY 4610:—"Cystitis In Boy." Boy, eleven years of age, has been sick seven years; treated by a great many physicians; some call it "gravel of the bladder," others, Bright's disease and diabetes. I have made no diagnosis, as I saw the boy for the first time today, so I concluded to send you a sample of the urine and have you help me in its diagnosis and treatment. The mother informed me the child was taken sick seven years ago; started with a sharp pinching pain in its bladder that continued for three years, then it would bloat, and even its face and eyes would swell; then it would have a bad sick spell for one week, with a sharp pinching pain, (as the boy called it), in his bladder, and would have a hard time to pass water, which only came in drops, at the same time he had inward spasms. Then the bloat would disappear and he would feel better for three weeks, then the bloat would gradually return followed with a sharp headache, vomiting of water; he would cry out with the "pinching" in the bladder. Water passing only by drops. Morphine the only thing that would quiet the pain.

J. B., Wisconsin.

From an examination of the urine sent there is not the slightest question but that this boy has cystitis, but there is not any indication of either Bright's disease or diabetes. Place this boy promptly upon the following treatment, but before commencing, wash out the bladder with a 1 to 1000 ichthyol solution. Give arbutin, one grain, cubebin, two granules; barley water, one glass (one-half pint) three times a day; a saline, one teaspoonful in a glass of hot water before breakfast; hydrastin, gr. 1-6; eupurpurin, three granules, and chimaphyllin, three, every three hours; and, every third night, calomel, podophyllin and leptandrin, of each, gr. 1-6, half-hourly for four doses. Wash out the bladder twice

a week, if possible, and have an analysis of urine made every two or three weeks. Examine carefully for sacculated bladder, dilate the *sphincter ani* if necessary and examine the prostate through the rectal wall.—Ed.

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QUERY 4611:—"A Layman Who Wants Advice." I have been given to understand that you might help me in a trouble I am afflicted with and I trust you will excuse this application. I am troubled every night with a dryness of my mouth; as soon as I begin to doze off to sleep it will come on in half an hour to an hour and awakes me at once; this has been with me for two years or nearly, and I can't strike any remedy. Between that and getting up seven or eight times to urinate I get but little sleep, I am in my seventy-eighth year. This dryness is just awful, and the least water dispels it; there is no scum or anything adheres to the mouth—it is just dry, in its worst meaning. If you can help me I will be glad to pay your charge. I "hawk" and raise a good deal but that was on me years before.

T. H., California.

We are sorry but we do not treat the laity and only supply our preparations to physicians for use in their practice. If you will get your physician to write us we shall be more than pleased to consult with him. Put yourself immediately under the charge of a reliable practitioner and at the same time suggest that you would like to have him consult us. If we can serve you in this way we shall be pleased to do so, otherwise we cannot.—Ed.

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QUERY 4612:—"Diabetes?" "Enuresis Nocturna."

1. Woman, about thirty; has a coated tongue and dry mouth and throat, edema of the ankles, not hard but just puffy and sometimes the fingers are stiff in the

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The *Cal. State Jour. of Med.* calls attention again to the "poor digitalis" question—inert plants and improper handling!

For nervousness, when there is a "fidgety" condition try anemonin; sometimes aconitine is needed in these cases.

morning and a swelling above the eyes. The urine shows no glucose nor albumin. It varies in color and amount. I have given calcium and lithium carbonates with colchicine with plenty of water, and then phytolaccin, emetine, hydrastin and strychnine arsenate, beginning of course, with calomel and saline. After all those remedies (not all at once of course) she still has dryness of the throat and mouth, though not constantly. She is a healthy woman, but fears diabetes, as two near relations have been afflicted with the disease. I gave emetine, hydrastin, and phytolaccin, one of each every two hours for a few days. I thought they stimulated the secretions along the digestive tract. Do they have any incompatibility of action? Why does a woman have that local edema when the kidneys are stimulated and working well? Why this dryness? The tongue is coated all the time and mouth has a bitter taste.

2. Another case that puzzles me. A little girl four years old has for two years been troubled with frequent micturition and bed-wetting. I have helped many cases of that kind with triple arsenates and nuclein day times and hyoscyamine at bedtime. They do not help *this* child. I have used atropine in place of hyoscyamine, cantharidin, ergotin, gelseminine and arbutin, in various combinations and doses, but it persists. I have looked her over carefully but see no adherent clitoris and no spinal lesions. I have had her back bathed in cold water, had her sit in a tub of cold water just an instant at bedtime, etc. The child is listless but does not complain and looks dark about the eyes at times. It is not practicable to raise the foot of a child's bed who lies crosswise and in all sorts of positions during sleep. This is not congenital you know; she was all right the first two years of her life, so it is not likely to be too small bladder or ureter or other deformity the books on pediatrics speak of. The test of the urine is negative.

S. T. C., Michigan.

1. In the case you describe, saline, a heaping teaspoonful in a half pint of hot water before breakfast—with apocynin, one every two to three hours until free watery stools are obtained and, three times a day, helenin, two granules, emetine, one, and resorcin, two, will prove effective. Before each meal give some good hepatic stimulant to your patient, and after eating, three of the sulphur compound granules. You should give plenty of barley water (at least three pints a day) and it might be well to add four barosmin granules to each dose. Calcium and lithium carbonates we hardly consider to be indicated further. A thorough sponging over with epsom salt solution three times weekly would prove an excellent adjuvant; add a tablespoonful of epsom salt to the quart of water, at body heat.

2. In the second case look up the clitoris carefully and correct any abnormality. Think of worms and constriction of the *sphincter ani* and, if none of these conditions are apparent give ergotin, one granule; hyoscyamine, gr. 1-500, and hydrastin, gr. 1-6, three times daily. The addition of strychnine, gr. 1-134, may prove necessary. Try the other formula first, however, and give no fluids after 6 p. m. Examine the urine for hyperacidity and correct as soon as it presents.

—Ed.

QUERY 4613:—"Urinary Disorders." I want your advice and opinion in a case that may come under my care. Man, past 60 years of age, has suffered, I know not how long, with bladder trouble, stricture, etc. But I know he has been under the care of Dr. A. for more than twelve years without more than temporary relief. For the past four years he has grown steadily worse so that he has trouble at all times in passing water, and frequently has to empty the bladder

For nervousness in women macrotin is often the best remedy; seems to relieve irritation of the reproductive organs.

Brucine is a good remedy for the nervous irritability of old people and children; relieves erethism.

with catheter, this on "account of enlarged prostate," which he is persuaded cannot be cured. Recently, in the absence of Dr. A., he asked my advice in regard to what he thought inaction of liver and stated he could not have an action without taking an enema. "Cathartics are too prostrating and aggravate all other troubles." In advising him I told him I thought dilating the sphincter ani muscle would give him more permanent relief than any one thing; and also I believed his prostatic trouble could be cured or so much relieved that with care he would not suffer as in the past. As I have told you, I have cured cases of stricture and enlarged prostate with gleet, caused by gonorrhea—the remedy, euarol. I do not think if this gentleman came to me for treatment, I could persuade him to have dilation under an anesthetic. Now I wish to know if you think it safe and advisable to give him dilators to use himself, and with other remedies and treatment.

J. M. J., Florida.

We would suggest that you place this man upon the following treatment; it may prove effective and you could not do anything much better: First of all, give three times, daily, for a week, lithium benzoate, two grains, arbutin, one grain, cubebin, two granules, with one-half pint of barley water. Every morning, before breakfast, a small teaspoonful of saline in a glass of hot water, four sulphur compound granules after each meal, and two digestives (strychnine, quassin and papain) before. If you cannot dilate the *sphincter ani* under surgical anesthesia, dilate it slowly with the hard rubber dilators which come in sets of three. Apply each size for an hour at night, the patient resting on the back in the meantime. Continue the prior treatment twice a week, throwing into the urethra ten minims of euarol (euophen and aristol in oily solution) and, on alternate days,

wash out the bladder with a return-flow catheter, using a boric acid solution—one dram to sixteen ounces of water—at body heat. After emptying this from the viscus throw in a one to one-thousand ichthyol solution and allow it to be retained for fifteen minutes, then instruct the patient to eject it. Into the rectum, with an ordinary short-nozzle rectal syringe, throw two drams of euarol and with the finger massage the prostate for fifteen minutes through the euarol, which will be found in the rectal ampulla over the prostatic area. The patient, of course, must lie on his abdomen.

After following out this treatment for ten days or two weeks report condition and send sample of urine for analysis and we will make further suggestions.—Ed.



QUERY 4614:—"Bright's Disease?" Man fifty-one years old; occupation, conductor on railroad; was sick last winter with fever; then he had Bright's disease, or what was called Bright's disease, and was treated by seven doctors before I was called. Last April he could not lie down in bed; in twenty days I took, by bowels, twenty-seven gallons of water, got him out, and he was able to work for one month. That was August; since that time he has not been so well and he filled up with water. At present the swelling is all gone; his urine was heavily loaded with albumin, but the specific gravity was too low and is still too low. He has a cough and is asthmatic. Please tell me what the real trouble is.

G. J. R., Pennsylvania.

It is a question just what the trouble is with this man. Better have his urine examined. It is quite probable it is a case of Bright's disease, but the dropsy may have been due to renal, hepatic or cardiac disorders. The absence of dropsy at the present time shows, however, that



Cocaine has been recommended for nervous apprehension, alcoholic cases and male hysteria; a dangerous remedy.

As a nerve sedative cypripedin is one of the best remedies; its action is mild and there is no danger of habit.

some improvement has been made upon the disease by treatment. "Clean up" this man thoroughly with calomel, podophyllin, euonymin and leptandrin, of each 1-6 grain, half-hourly for four doses every third night. Give a full teaspoonful of saline laxative in a glass of hot water before breakfast next morning, and then give cactin, one granule; apocynin, one, and digitalin, one, every three hours throughout the day; before eating (and food should be of the most easily digested and nutritious character) hydrastin, gr. 1-6, quassin, two granules, and strychnine arsenate, gr. 1-67. After eating caroid, charcoal and soda will, with the other remedies given, set the digestion right. One hour later give five grains of the sulphocarbolates crushed with a half glass of water. Continue this treatment for two weeks, then have the urine examined and report condition.—Ed.



QUERY 4615:—"Morphine Habit." Young man who has been taught to be a morphine fiend by his family physician and advised by him to use it; now he has arrived at the point that he desires to quit; has tried some two or three times but has received no great help and less encouragement from his physicians. Now I believe he is in earnest and will do anything to rid himself of the habit. It is of about three years' standing. At present he is using two drams a week. He tells me, and also a friend, that he goes as much as three days without his dope, then he begins to have trouble with his bowels getting very loose, and followed by pain, and then he has recourse to the morphine. He is quite nervous at times, skin cold and clammy, bowels badly constipated, followed by diarrhea and pain and all the train of symptoms usual in such cases.

Now, Doctor, if you can give me any



Scutellarin is another remedy which fulfills about the same indications as cypripedin; the two may be associated.

suggestions would be pleased to have them.

F. T. H., West Virginia.

We call your attention to the editorial appearing in the October CLINIC on the use of opiates. Each case of morphine addiction must be treated according to the indications present, the secret of success being to reduce the dosage to practically *nil* without the patient's knowledge, at the same time to steadily eliminate the toxins from the system, to build up the blood and nerve force with hematinics and bitter tonics and to substitute at the last hyoscyamine for the morphine, gradually reducing this drug also until the patient is getting nothing. He must never know when he ceases to get morphine, and if he complains of distress, control it with strychnine arsenate, gr. 1-67; avenin, six granules; scutellarin, six granules, in two ounces of very hot water. Of course, if it is necessary, give a small quantity of morphine to "hold the patient over," but only as a last resort, and use the smallest possible quantity. Patience, perseverance and common sense, together with the possession of the patient's full confidence, are the essentials for success.—Ed.



QUERY 4616:—"Neurasthenia Due to Uterine Disorder." Woman, age 30; mother of four children living; miscarried three times, all in seven years; youngest child not six. Has not menstruated since last birth. Sexual frigidity since that time. Fair health, except at times awful headaches, which, if not controlled by acetanilid comp., end in vomiting and unconsciousness. Not so bad for the last two years. Fretful. The above is the only thing I have found to control headache and I have tried everything. She falls asleep easily, especially when she sits up to read. She is neurasthenic. Use much saline to keep bowels

To "brace up" the nerves of an alcoholic, capsicum often fills the bill; an excellent diffusible stimulant.

regular. Appetite not good at times. Is fairly plump and well nourished. Weight 112 pounds.

I have run the gamut of drugs to restore nervous system. Have never tried to restore menstruation, as the absence of it does not seem to affect her general health. I am going to try neuro-lecithin, if you approve. What can I do, if anything, to stop headache? Would you try to bring on the menstrual function?

E. C. L., Indiana.

Unfortunately, Doctor, you have not told us whether she is fair or dark, stout or lean, neither do you give us any idea as to whether there is any malposition of the uterus or laceration of the perineum or cervix. Those miscarriages (three of them within seven years) must have had a serious effect upon her system. As she has not menstruated since the birth of the last child (that is to say for six years), there must be some very serious abnormality or a total lack of innervation of the sexual organs. The absence of all sensation would tend to prove that the circulation and innervation of the pelvic organs has been deranged, and yet the whole thing may be due to a hysteric condition. Those headaches yielding to acetanilid compound mean congestion of the brain. Congestion of the brain means anemia of other parts of the body. The thing to do in this case is to nourish the nerves, equalize the circulation, keep the system free from toxic material and leave nature to bring menstruation or not, as she pleases. As a matter of fact, we believe she would probably be better if she did not menstruate. You do not want further miscarriages and we presume you do not wish a larger family.

We would suggest the following treatment. On rising and on retiring two of the dosimetric trinity granules

to equalize circulation; before breakfast a small teaspoonful of saline in a glass of hot water; bovine with each meal; after eating, arsenates of iron, quinine and strychnine with nuclein, lecithin and the nervine (gold bromide, gr. 1-250; arsenic bromide, gr. 1-250; ext. aloes, purified, gr. 1-134; nickel bromide, gr. 1-16), one granule at the mid-hour between meals. The headache, if it comes on, can be controlled, we believe, with small doses of gelseminin (say one granule), cannabin, two, and anemonin, three. Give these every hour in a little hot water until relieved. Have her eat plenty of fruit, lean meat, fish and vegetables, avoiding fats and sweets. Let her have exercise in the open air; sleep lightly covered and sponge off with water as cool as is tolerable, following with an alcohol rub three times a day. —Ed.



QUERY 4617:—"Writer's Cramp." What is the best treatment, in the case of a clergyman, age 55, nervous and with a slow pulse; slightly anemic. The forefinger of the right hand cramps when trying to write. The cramp runs whole length of the flexor or tendon to the bend of the elbow. I have tried galvanism some, not much improved.

I. L. L., California.

The arsenates of iron, quinine and strychnine, with nuclein, and free elimination, with the nervine granule (gold bromide, gr. 1-250; arsenic bromide, gr. 1-250; ext. aloes, purified, gr. 1-134; nickel bromide, gr. 1-16), one every two or three hours, and guaiacol rubbed in freely along the course of the flexor and extensor muscles of the finger will probably give good results. The urine should be examined in this case. The treatment we recommend (to be effective) must be continued for some time.—Ed.



Ergot has recently been recommended as a remedy for the nervous unrest of alcoholics; may act as a hypnotic.

For motor unrest, insomnia and irritability try cicutine; an excellent relaxant after mental overwork or strain.

QUERY 4618:—"Neuralgia?" I have what is better described as pain of a stabbing character, attacking me only when I eat, save occasionally when I move the same muscle in swallowing; it is on the left cheek. The pain is like lightning and resembles the effect of an overcharge of static electricity. It is so rapid that I cannot tell just the exact point of attack. It is on the left cheek and seems to run to the temple. I have no teeth on that side, save one upper and one lower molar; they are sound, only worn down, but have never hurt me any. I have never been sick any, only an occasional spell of indigestion or toxemia from overloaded bowels.

I am nearing my fifty-eighth birthday and am in active practice every day, just as for thirty-four years past. It falls to my lot to do most of the accouchements in this city, probably from the fact that I have never lost a case in confinement in my life, and to give you an idea of how much I do, I have delivered thirteen women in the last twelve days—but this is off the subject. If I can make the matter more intelligible please command me.

J. M., Missouri.

We should like to examine a sample of your urine. This looks like neuralgic pain and may be due to uric acid. First of all clean out your system thoroughly with calomel and iridin, one granule of each, and podophyllin, one half-hourly for four doses every second night for a week. Take a saline laxative, a teaspoonful in hot water the next morning; every three hours macrotin, two granules, bryonin, one, and hyoscyamine, one, and the nervine (see page 108), one, just before eating and apply, locally to the cheek, guaiacol, rubbing it in thoroughly and subsequently holding a hot flannel to the parts for five minutes. If this does not do the work spray the entire area of pain with chloride of ethyl and we

think you will speedily see beneficial results. You certainly are a busy obstetrician, and you should have some interesting experiences for the columns of the CLINIC. Can't you give us something?—ED.

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QUERY 4619:—"Sciatica." I have a patient with sciatica that does not improve. I have been through the list of galenicals. Will you please give the alkaloidal treatment? I am gradually dropping off the old way and taking up the new. I don't need my buggy case near as often now. My little hand case is much nicer and the granules it contains are much surer.

R. P. A., Georgia.

We sincerely regret that you have selected a stubborn case of sciatica in which to make your first severe test of the alkaloids. The first thing we should like to have in this case would be a sample of urine. In the meantime we suggest the outward application of guaiacol; rub this in thoroughly along the course of the nerve and over the notch, and apply hot flannels. Calcium carb. comp. every three hours, with macrotin, two, and salol, two; salithia, one teaspoonful in half a pint of hot water before breakfast, and every four hours an antirheumatic (colchicine, gr. 1-67; aconitine, gr. 1-134; digitalin, gr. 1-134; strychnine arsenate, gr. 1-134); two digestives (see page 110) before meals, and two of the tonic arsenates with nuclein after. Make a solution of epsom salts (two tablespoonfuls to the pint) and bathe the leg and sacrum thoroughly with this solution at body heat twice daily. It would be an excellent plan also to give the patient one-half ounce of the solution every three hours on alternate days. Let us hear how this treatment succeeds.—ED.

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The valerianates are old favorites when it is desired to quiet the nerves and restore self-control; try them in the next case.

To restore nervous tone the remedy par excellence is, of course, strychnine arsenate given to effect only.

QUERY 4620:—"Neurasthenia." Patient female, 24, quite nervous; more nervous at night, when she will often awake suddenly with a cry, and in slightly hysterical condition. She is occasionally troubled with insomnia. The appetite is very poor indeed and she is losing weight. (In fact, I attribute most of her trouble to the fact that she does not take sufficient nourishment). Her bowels were irregular at first, but are better now; she occasionally complains of tenderness across the bowels. There is no uterine disorder. The general health, with the above exceptions, is good; in fact, from appearance she seems to be in the best of health; is lively as a cricket, cheerful, except now and then gets a little peevish and irritable, like most women. She attends to her household and social duties as usual, but naturally complains of being weak and having to sit down and rest quite often. I prescribed saline laxative and her bowels are now satisfactory, but no tonic that I can prescribe seems to benefit, and her appetite seems to get poorer instead of better. She takes plenty of outdoor exercise but that does not seem to stimulate her appetite.

J. A. K., Utah.

This seems to be one of those cases of "general debility" with more or less autotoxemia. However there may be some internal abnormality and the most careful examination should be made. In the meantime, Doctor, have a sample of her urine sent us for analysis. Give lecithin and the following nervine (gold bromide, gr. 1-250; arsenic bromide, gr. 1-250; ext. aloes, purified, gr. 1-134; nickel bromide, gr. 1-16), three times daily between meals; also two digestives, consisting of strychn., ars., quassin and papain before meals, adding quassin, one, and after meals tonic arsenates with nuclein; before going to bed let her take six avenin and three scutellarin with a few swallows

of very hot water. A modified rest cure with forced feeding of milk, eggs, etc., would be of benefit.—ED.



QUERY 4621:—"Veratrine and Veratrum." How do you use veratrine in eclampsia? How much veratrine by mouth equals ten drops of Norwood's tincture of veratrum? What kind of price would herbs bring, and where would one get plants or seeds to start with?

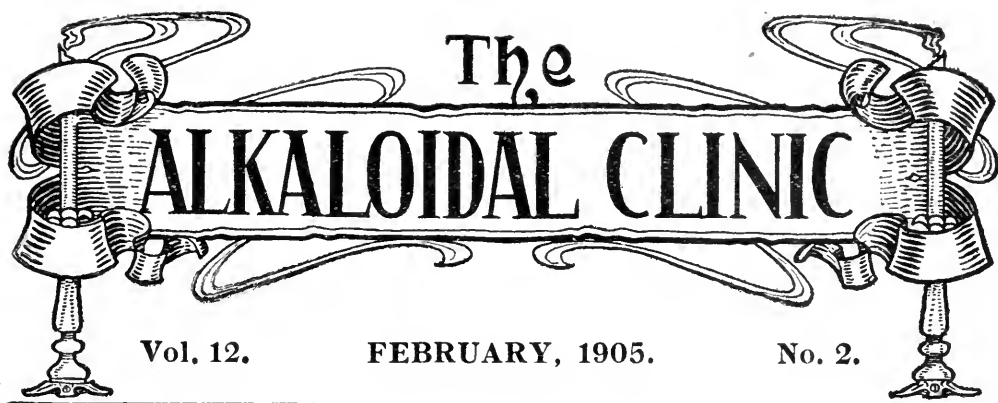
F. J. M., Missouri.

Address Parke, Davis & Co., Wm. S. Merrill & Co., or some of the big manufacturing pharmacists for information as to the price of herbs, etc. We do not handle these but their alkaloids. We give veratrine in eclampsia, either *per os* or hypodermically until the full bounding pulse is reduced—one granule (gr. 1-134) or two every fifteen minutes to effect. We do not know just how much veratrine is contained in Norwood's tincture of veratrum viride, but feel quite sure that Norwood's tincture (like other tinctures) varies in its alkaloid content. One lot of plant will contain say 6 per cent of the alkaloid, another 1½ per cent. The process of the manufacturing pharmacist in obtaining the tincture or fluid extract is the same in either case, and he can never be positive as to the activity of his product. Of course all the best houses test their preparations, thus "standardizing" them, but none of these methods can make a product absolutely stable and evenly potent. You must use the alkaloid if you want to be sure of what you are doing. It should be added, however, that the veratrine of commerce is not made from veratrum viride, but from other closely allied plants.—ED.



Remember that "nervousness" is usually only a symptom of some depraved condition. Success means finding the cause!

In women "nervousness" is, in many cases, the evidence of some derangement of the reproductive organs. Is it in yours?



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ELIMINATION THERAPY IN AUTOTOXIC STATES, EITHER PURE OR COMPLICATING NEUROSES OR ORGANIC CONDITIONS.

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MAN is a compound animal whose health and functions are constituted by a system of balance. This balance is secured by a continual conflict between various organs, regulated for the benefit of the body as a whole by the central or cerebrospinal system. Like an invertebrate, each organ has its own nervous system, which but for the central nervous system would imbibe nutriment at the expense of the body as a whole, in conditions of extra work would excrete unduly at the expense of the organism as a whole, resulting in that disturbance of balance which occurs from excessive use or disuse. If there be undue use, there results excessive appropriation of nutriment followed by an increased creation of waste.

To balance elimination, there are two great functions carried on in common by different organs. The first great function is oxidation, both for the creation of energy and for conversion of waste into forms which are most easily eliminated; and the second great function is the elimination of waste thus formed.

Accumulation of waste in the system

implies interference with oxidation, creating the so-called suboxidation conditions, as well as imperfect elimination. Before there is accumulation there is generally a strain on the oxidizing or eliminative organs, taking the line of least resistance. Under normal circumstances the toxic elements produced in the organism are excreted by various channels. Some of these products are transformed in the alimentary canal into innocuous substances. Gases are eliminated by the lungs, other compounds are intercepted and decomposed in the liver, and others are excreted by the kidneys and skin. When any of these emunctories is interfered with in the discharge of its duties, phenomena of autointoxication occur: such as alternate pale and high-colored urine, headache, pallor, nosophobia, etc.

The liver, which from an embryologic and functional standpoint represents two organs—one an eliminative and poison-destroying, the other a sanguifactive organ—can, by the peculiar intrinsic action due to the specific activity of its cellules, diminish the toxicity of substances brought to it or with which it

comes in contact. Such action is manifested not only in the case of certain poisons being introduced through various channels into the organism, but likewise in the case of toxic products elaborated within the organism itself in consequence of changes in substances due to tissue activity.

The liver suffers from general instability of the organism. It has extra work to perform but has not sufficient balance to do its ordinary work. Because of this, the toxic products of oxidizing organs are thrown back on them. The kidneys present a point of least resistance when there is an excess of sodium chloride in the circulation.

Under certain conditions, either of insufficient dilution or of imperfect organic combination, sodium chloride may play an important part in the production of autotoxic states of which scorbutus is the type. The influence here exerted is due more properly to interference with elimination and its precedent oxidation.

The presence of pale urine indicates the absence of proper elimination by the kidneys, which may be due to a strain on these organs themselves, which may result from the presence of intestinal products like indican, which again may be the expression of intestinal fermentation, together with imperfect poison-destroying power by the liver. This may be due to excessive polyuria through which the liver, spleen, skin and the oxidizing organs are imperfectly supplied with the necessary water which has to be drawn from the tissues, thereby increasing the difficulty of elimination, through the imperfect metabolic products thus formed.

The therapeutic problem presented is, first, to secure the proper balance of

elimination, and, second, to secure proper oxidation. The first problem is the more important, because the materials to be eliminated are already formed and must be expelled in their present character. A hint of the procedure to be adopted, is given by the methods successfully employed in ascites and anasarca. Here, diuretic and hydragogue cathartics balance each other. In many cases to which these conditions are referable, the strain on the kidneys is secondary to the imperfect action of the liver and bowels, and the renal strain is best relieved, as in anasarca, by agents which act on both the liver and the intestines, producing a moderate, almost natural hydragogue catharsis.

Among the remedies which have a marked influence in this particular is *Asclepias*, a drug not now official, but which appeared in the Pharmacopeia of the Massachusetts Medical Society of 1808. It has a slight diuretic action secondary to an action on the liver and upper intestines. Its action on the heart, liver, pancreas and intestines is somewhat cumulative, when given for some time alone, and hence, like the group to which it belongs, requires modification by combination. Another drug which after falling into abeyance for some years has again become widely used in these conditions, is *Apocynum cannabinum*. Like *asclepias* it is a decided hydragogue cathartic and diuretic, but in addition, more of a respiratory and cardiac stimulant in its primary action. Like *asclepias* it exerts some influence through its cardiac action secondarily to that on the liver, and also slightly influences the spleen and adrenals.

The disuse of *asclepias* and *apocynum* by the regular medical profession was



Chronic constipation is one of the most common causes of headache; relieve it by the anticonstipation granules—Waugh.

Root (*Pediatrics*) says that whooping cough is as much to be dreaded as scarlet fever. Calcium sulphide cures it just the same.

due largely to the fact that the tinctures of these drugs were improperly made by the majority of manufacturing pharmacists—the green root and leaves not being employed in their preparation, with the result that they were practically inert.

The clinical results obtained from the use of a good preparation of *Apocynum cannabinum* indicate, not only that the adrenals, but other oxidizing organs are stimulated, since patients gain strength and flesh under its administration. The tendency to slight nausea present at times from the cumulative action of asclepias is corrected by apocynum to a large degree. The chief untoward effect of the first-named drug, is psychic nausea, which is the first indication of its cumulative action, and which, being due to overstimulation of the pneumogastric rather than the vomiting center, may be corrected readily by a heart stimulant of the strychnia type, such as strychnine arsenate, alone or in combination with the arsenates of iron and quinine, which combined in small dosage and especially when associated with nuclein form one of the best tonic combinations that has been brought to my attention.

While both these remedies have undoubtedly beneficial action in true nephritis, still, the disappearance of albumin and casts produced by them, is due to the removal of renal strain rather than to any directly beneficial effect on the kidneys themselves.

Through the hydragogue action of the two drugs, it is possible not merely to control anasarca but likewise to check polyuria to such a degree as to direct aqueous elimination to the liver and intestines, thereby increasing the action of both and favoring the excretion of hepatointestinal products from the kidneys.

The procedure is furthermore aided by the stimulation given oxidation, as shown in the gain in strength and flesh, even in nephritis, from the use of these two drugs in combination.

Another remedy acting in a similar way as a tonic, hydragogue cathartic and diuretic, is chionanthus. The action of this drug is primarily tonic, and secondarily slightly hydragogue aperient, rather than cathartic and latterly diuretic. It has some influence on the oxidation system, secondary to the influence on the liver followed by an influence on the pancreas. Its general tonic action adds to that of the two remedies first mentioned and tends to relieve the strain produced by them on the general system which is most potent in the case of asclepias and least in that of the apocynum. Two other drugs which conjoin similar properties with greater cathartic action are leptandra and podophyllum, associated with the three previously named remedies, and with the addition of iris, a certain intestinal action is added to the effects already described. Iris is the most tonic, least irritant and most strongly stimulant to the oxidizing system of the three, but the combination affords better balanced results with less untoward effects than any of the three given alone, and when associated with the three remedies first described, the general efficiency is markedly increased. Colocynth in the form of compound extract, adds to the efficiency of the combination by its action on the lower bowel.

In this prescription the evil effects of aloes upon the hemorrhoidal veins does not occur and scammony adds to the general oxidizing tendency, so far as the fats and starches are concerned. The first six remedies should be employed in



Dock (*J. A. M. A.*) favors the use of the ice bag in pneumonia; he says it relieves pain and cough and improves breathing.

Nervousness in men, provided you can exclude organic causes, is likely to be due to overwork or mental strain.

properly prepared tinctures, and dispensed in capsules with sufficient liquorice powder to make a mass. Heat should not be used.

The conditions underlying intestinal fermentation involve both elimination and oxidation, since fecal resorption is a frequent consequence. Fecal resorption, as Sir Andrew Clark pointed out, is a frequent cause of an obstinate type of anemia, such as is even today often regarded as pernicious anemia. There is here a pathogenic circle since the true pernicious anemia (which consists, as P. O. Owsley affirms, in a resumption of reproductive powers by the red blood cell, fatal to the organism as a whole) is intensely aggravated by non-elimination and non-oxidation. Fecal resorption plays here, in a vicious circle, nearly as great a part as in fecal anemia. The elements entering into fecal resorption are much more complex than is usually considered. The starchy elements of the food have a more important action in even the seemingly protein results than would be assumed from the ordinary statements on the subject.

Accumulation of starch in the intestines, from excessive use of potatoes, bananas and other starchy vegetables, leads to an acetous fermentation with great formation of gas and likewise to chemical combinations with proteid contents of the bowel. The resulting combinations are much more easily absorbed than the starch or proteid alone, and a sure indication of their absorption may be found by the presence of indican in the urine.

These combinations are the ones which play such a destructive part in the cachectic conditions, to overcome which an attempt must be made to secure nat-

ural regulation of intestinal changes by stimulating the functional activity of the liver and pancreas, as the secretions of these organs play a most important part in overcoming this abnormal condition in the bowel.

A prescription which has been found very efficacious in meeting all these indications consists of pancreatin, inspissated ox-gall, creosote, oil of birch, extract of colocynth compound, and eserine sulphate or nitrate in 1-200 grain doses. The creosote and oil of birch (methylsalicylate) play a large part in determining proper fermentation, while the ox-gall and the pancreatin give this a physiologic direction. The influence of scammony, an ingredient of the extract of colocynth comp., on oxidation of fat and starch has already been alluded to. Eserine has a more decidedly regular influence on the peristaltic action of the intestines than nux vomica, so long the "stand-by" in this particular.

The late development of the rectum and anus in embryogeny has naturally exposed these two organs to influences tending to arrest of development. The cloacal type persists, quite late in fetal life, even in the placental mammals, while the oviparous mammals retain this type permanently. With the rise in evolution of intrauterine development the cloaca is less dominant and its relations to the neurenteric canal are less easily determined. The neurenteric canal is an open communication between the archenteric canal and the medullary canal. The terminal portion of the intestinal canal, the primitive anus, receives in early stages of fetal life the urogenital ducts; a condition which is permanent in the *Sauropsida* (birds and reptiles) and the *Monotremata* (egg-laying mammals).



Remember that the most important symptom of neurasthenia is the sense of weakness or exhaustion—worst in morning.

Remember, also, that neurasthenics suffer a great deal from headache, and that this is also worst in morning.

The portion of the archenteron common to these ducts is the cloaca. The ectoderm forms very early a small anal invagination which grows in toward the cloaca until the ectoderm comes into contact. The membrane formed by the two epithelia breaks through and the cloaca thereby acquires an opening to the exterior. This opening subsequently divides into two: (1) the urogenital opening; (2) the permanent anus. The complex development here outlined results in various complications of elimination, consequent on the struggle for existence between the organs which are affected by the various periods of intrauterine stress preceding the complete development of the anus. This may affect not only organic development, but likewise functional potentiality and innervation.

It is for this reason that the lower bowel has such a marked relation not only with pelvic innervation, but with the general constitution.

The increasingly complex system of lymph spaces in connection with cerebral development shows that the trophic functions of the neuron imply waste which requires oxidation and elimination in greater proportion as the animal rises in the scale of brain development. In proportion as the waste at the place of formation is properly oxidized, do the chances of arrested elimination lessen, not only at the point of formation, but also at the points of elimination, and as elimination, like sensation, is a balance between different organs, the chances lessen of improper elimination everywhere.

The problem of intellection involves, as Maynert long ago pointed out, proper supply of oxygen to the brain cells. In the event that an excess of oxygen is

furnished, excessive emotional states are produced whose products fail of proper symbolization because of the rapidity with which they occur. The reverse state of depression arises from the imperfect supply of oxygen, and the consequent imperfect elimination of the products of nerve action. Both the conditions could be relieved were the excretory products of nerve action rapidly removed through the ordinary elimination centers. It is for these reasons that elimination has played such an important part in mania, the type of emotional exaltation, melancholia the type of emotional depression, and the confusional mental states where there is no emotional basis. In these last states a condition occurs somewhat resembling the toxic amblyopias before the change in nerve structure.

What is true of the cerebral nervous system is also true of the cord, and still more true of the ganglionic system. The greater part of the nerve cell is connected with nutrition and the component parts of the neuron-cell body, dendrites, axon and axis-cylinder, serve as channels for blood plasma. The influence of the nerve elimination on this supply is evident, and it has been well said, that neuralgia, for example, is the cry of a tired nerve for proper blood. The two elements implied are proper elimination and proper oxidation.

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In treating neurasthenics bear in mind that rest is fundamental; cut days short at both ends; eliminate work and worry.

Rest, forced nutrition and plenty of fresh air are essential in the treatment of neurasthenia; in this like phthisis.

HEPATIC INSUFFICIENCY; AUTOINFECTION--CAUSES, SYMPTOMS, TREATMENT.

THE ACTIVE PRINCIPLE OF BILE AND THE ROLE IT PLAYS.

BY W. C. ABBOTT, M. D.

PART III.—TO PREVENT INTESTINAL PUTREFACTION.*

A CERTAIN amount of putrefactive decomposition of the various food-stuffs always occurs in the bowel. This is manifested by the appearance in every normal urine of certain putrefaction alkaloids and of a variety of very complex organic compounds (conjugate sulphates, compound glycuronates, compound glycocolls, etc.) of which indican is the prototype, and by the excretion in the feces of various organic bodies that we know to be formed exclusively from the putrefaction of albumins. It is necessary to distinguish between the normal fermentative decomposition of the albumins, that is brought about by the action of the gastric and enteric secretions, and the putrefactive decomposition of these same albumins that is produced by many varieties of putrefactive micro-organisms that gain an entrance into the bowel and there, unless checked in their activity or rapidly eliminated, exercise their pernicious effects. True, the decomposition of the albumins by digestive ferments and by putrefactive microbes proceeds along very similar lines and the end-products of either disassimilation of the albumin-molecule are highly toxic when introduced into the circulation, but there is just this difference between the two groups—the fermentation-splitting products are reconverted into serum-albumin in the bowel-wall,

whereas the putrefactive end-products cannot undergo this reconversion and hence often pass through unchanged into the blood and lymph-stream beyond.

Moreover, certain of the many putrefactive germs that occasionally lead a parasitic existence in the human bowel produce specific poisons of an albuminoid character that are frightfully toxic for the human species. Many of the latter have been isolated, and upon many of them a name has been bestowed. Others no man has ever seen but we know of them, to our sorrow, from their manifestations—from their physiologic effects. Among the symptoms that can be produced experimentally by various bodies that have been isolated from putrid bowel-contents are tetany and dyspeptic coma; some of the bodies produce violent headaches, others a feeling of general lassitude; some profuse outpouring of sweat, of saliva, of tears; others a suppression of these secretions, as manifested by dryness of the mouth and throat and skin; some dilate the pupils, others contract them; many of them produce skin-eruptions of the most varied kinds.

The character of all these symptoms and their intensity will depend upon the number and the variety of putrefactive bacteria in the bowel, upon the quality and the quantity of poison they secrete, upon the amount absorbed within a given time and upon the state of the

* The five points in treatment of hepatic insufficiency were stated in the preceding article, January issue, and No. 1, on the general subject of diet, was discussed.



As an aid to rebuilding the weakened cells do not forget the importance of nuclein; triple arsenates also indicated.

Do not confuse neurasthenia with hysteria; the former is an exhaustion neurosis; the latter a psychosis.

resisting powers of the organism against invasion by these toxins. In certain forms of intestinal putrefaction, e. g., the poison is so virulent and it is manufactured in such abundant quantities that most acute and alarming symptoms of diarrhea and profound general toxemia develop; in other forms, particularly in those that are accompanied or followed by constipation, the formation and absorption of the poisons is slower, and their character presumably also less virulent, so that we see develop a chronic form of autointoxication, manifested principally by headache, a coated tongue, loss of appetite, general lassitude, lack of ambition, chronic skin eruptions, itching, high arterial tension, dizziness and a depressed mood generally. The latter is the typical syndrome of the common form of intestinal autointoxication with hepatic insufficiency.

Recognizing this, the vital question is how to prevent this putrefactive decomposition of albumins in the bowel and thereby the formation and absorption of the poisonous products that can produce the above symptoms? As in any other form of treatment one cannot do better than to study Nature's way of combating the invasion of these parasites and the unfolding of their pernicious activity—and once having comprehended Nature's method, to imitate it and to reinforce it!

To the liver, chiefly, as we have shown in detail in previous paragraphs, is delegated this important function of restricting gastrointestinal putrefaction or of neutralizing its effects if it has once occurred. The liver fulfills this task in three different ways, viz.: (1) It pours into the uppermost portion of the small intestine a specific secretion that is capable, to a marked degree, of inhibit-

ing the pullulation of putrefactive bacteria throughout the length of the whole intestine, and particularly in those first few feet where intact albumins should be disassimilated by the bowel ferments and not abnormally decomposed by parasitic microbes; (2) it attacks the bulk of any abnormal putrefactive decomposition-products of albumin that may, nevertheless, be formed and disintoxicates them so that they enter the circulation in an innocuous form and can be rapidly eliminated *via* the various emunctories of the body (chiefly the kidneys) without doing any harm, a process that is presumably brought about with the aid of a specific "internal" secretion of the liver cells (Massini); (3) it acts itself as an eliminating, i. e., an excreting organ in the sense that it pours back into the bowel, in a non-toxic form, a variety of originally toxic bodies poured into the liver from the bowel; in this way the disintoxicated bowel poisons need not even travel through the whole cardiovascular apparatus before they leave the organism, but are returned, harmless, by the shortest route, whence they originally came from.

The bile, therefore, is both a secretion and an excretion. A "secretion" inasmuch as it contains a germicidal principle (and also, we must assume, that moiety of antitoxic "internal" secretion of the liver cells [see above] that is not utilized, i. e., combined with poisons within the liver); an "excretion" inasmuch as it contains a variety of disintoxicated poisons that the liver promptly returns to the natural cloaca of the body instead of the blood- or lymph-stream.

With the liver as an excretory organ we shall no longer have to deal in this article, for we are concerned principally



In hysteria there are disturbances of sensation, frequent psychical outbreaks and a tendency to paralyzes or spasms.

Neurasthenia is probably more common in males, while hysteria is almost exclusively confined to females.

in establishing what may be the character and the exact function of the liver-secretion that plays such an important role in the human economy. We shall have to see what this secretion is normally capable of accomplishing, what its active principle or principles may be, and shall determine what occurs when the outpouring of this secretion is arrested or when its character is perverted, and, finally, we shall point out and estab-

lish such means as are at our disposal for counteracting, on the one hand the bad effects accruing from a lack of this secretion and, on the other, for stimulating the formation of an abundant quantity of this important principle when its formation is impeded or its normal character changed. This discussion is reserved for the following papers.

Chicago, Illinois.

(To be continued.)



LOCAL AND INTERNAL MEDICATION AS IT RELATES TO SURGERY.

BY THOMAS H. MANLEY, M. D., PH. D.

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IT would seem now, as a well-established reaction has set in against the advance of operative surgery as practiced in the near past, that it would be well, to briefly survey the field and endeavor to ascertain where we stand, or indeed, if there be room for the general surgeon to stand anywhere, if he will loyally assign every case which comes to him to the almost innumerable specialties that claim various regions and organs of the body as their own. Moreover, it may be well to settle the question, once for all, whether the surgeon, in his capacity in attending a case, is, in the future, to be regarded as anything more than a mechanic; as the principles of operative surgery quite wholly rest on a physical basis.

Many keen observers prophesy, that in the near future many specialties which have gained widespread popularity are doomed to decadence and extinction; some of them to again fall back into the domain of general surgery, and others

to be once more appropriated by the general practitioner.

If we glance through the works of Erichsen, Gross, Holmes or Hamilton, we shall be struck by the fact, that in those eminent authors' time, every sort and description of operative procedures, except possibly those involving the intrinsic structures of the eye, were claimed by the general surgeon. One of those authors is yet alive, and none of them has passed away more than twenty years since.

Moreover, in our own country, several of our most eminent surgeons have been well-known general practitioners for several years before they took up operating on a large scale; of whom may be mentioned, the elder Gross, Van Buren, McBurney, Senn, Murphy and more than a score of others. No doubt, in a certain sense, the old saying that "the shoemaker should stick to his last" contains a few grains of wisdom, but if the shoemaker knows nothing about the quality



Calcium lactophosphate is given with benefit in neurasthenia as a tonic reconstructive; the hypophosphites also useful.

The French favor the employment of the glycerophosphates in this and similar nervous conditions; becoming a favorite here.

of leather, the materials he uses, and the peculiarities of the feet he has to fit, it would be well that he *stuck* to something else than the last.

Indeed, the claim is absurd and posteros that the surgeon should be restricted to vivisectioning his fellow man. Alibut tells us that the celebrated Trouseau did not hesitate to aspirate or incise the chest walls for empyema or even open the pericardial sac in effusions. He proceeds: "The present is a critical moment in the relation of Medicine and Surgery in England where the two branches of the art have been so separated as to appear to be *two professions*."

This eminent author bemoans the present sharp truncation of internal and operative medicine and pleads for the use of the hand as well as the brain; in other words, the physician should act as well as think. Again, the author cites Lisfranc, who said: "I say, however, that no man can be a good physician, who has no knowledge of surgery, as both branches are essential."—(*Histological Relations of Medicine, Am. Medicine*, Oct. 15, 1904.)

Hetherly, in a recent notable contribution, submits a scathing remonstrance against reversing the older order of things, in forcing surgery in, as the first, rather than as the last, and as an extreme measure.—(*The Lust for Operations, New Zealand Medical Journal*, April 30, 1904.) In fact, all are in accord that the drastic resources of sanguinous intervention should never be invoked until other tentative or remedial measures have failed.

But let us *first* be assured that they *have failed*, that they are inert and im-

potent, as drastic surgery is never justified except as a last resort.

ACCURACY OF DIAGNOSIS.

My own experience has forced the conclusion on me, that many times operations of a formidable character are undertaken or hastened because of an inadequate examination or study of a case; one is too prone to take the word of the patient without a most critical examination on his own account. For example, during the past week, I was requested to operate on two cases of supposed appendicitis, in the practice of two physicians, both patients women, one 30 years old and single, the other married and 41 years old. In neither was any trace of disease discovered in the appendix on exposure by incision.

Sometimes we encounter practically all the symptoms of appendicitis in renal colic, with spasmodic kinking or torsion of the ureter. The same may be said of any of the abdominal or pelvic viscera.

In the vast majority of those dubious cases, we shall do well to first relieve our patient and delay, in order to study the case. Here comes in the demand for a knowledge of appropriate remedies, local applications, eliminants, sedatives, constitutional medicines, etc.

It is true that symptoms and the revelations of the microscope will sometimes deceive us; but we should be prepared to understand the direction in which they may lead us off.

A KNOWLEDGE OF THE COURSE AND NATURE OF DISEASES.

It is well known that tuberculosis in childhood rarely attacks the lungs, but seizes on, by preference, the lymphoid tissues and the joints, and that under proper environment with the growth of



As a matter of fact phosphorus in some form is indicated in many cases of neurasthenia; try the strychnine and phosphorus comp.

Zinc phosphide is another phosphorus preparation that does good service in neurasthenia, especially sexual cases.

the child the disease tends to spontaneous arrest.

These are the cases which Lorenz would treat by "Bloodless Surgery," or by leaving them to Nature, as he assures us that if we discard every description of orthopedic appliance in hip-joint disease and permit the child to move about unhampered he will recover rapidly and with a better limb than if it be steadily braced up.

Let us recall that renal, hepatic, appendiceal and tubular colic present many symptoms in common; and this colic may be often purely spasmodic, i. e., a neural affection in some manner produced by a toxin in the blood, as in plumbism, inducing disorder in the terminal fibers of the sensory or motor nerves.

Let us beware of "cutting early and wide" for malignancy, until we first know *what malignancy* is, and not forget that the local manifestations of syphilis, tuberculosis and cancer, present many features in common, which may defy the most expert microscopist to differentiate; this being notably true of ulcers about the fauces, in the rectum or the vulva.

No end of confusion has come to us through the new nomenclature of pathological processes.

THE PATIENT IS SEPTIC, THE WOUND IS SEPTIC.

Now, what is sepsis, anyway?

Why, any *tyro* in medicine will tell us; he is taught that it means that toxins have entered the circulation, that pathogenic organisms have fastened on a wound; the wound is not "aseptic"—as though any wound in the history of man ever healed without the intervention of the enzyme or the microzyme. Indeed, so eminent an investigator as Widal tells

us that the streptococcus, the germ of Fehleisen, is always with us, anywhere, over the areas of mucous or cutaneous surfaces, only waiting for a local departure from health to play its role.

GENERAL MEDICATION.

Let us look well to the patient's general condition and test the effects of appropriate internal remedies before we insist on operative intervention for a local lesion.

For example, some years ago, a practitioner from another state came to me for advice about a severe laryngeal affection. The first specialist seen believed malignant disease was present and advised laryngectomy; but I suggested that it might be well to examine his lungs. This done, he conceded his error and admitted tuberculosis. Well, this was eight years ago, and the doctor is alive yet, in much better health than he was then, thanks to constitutional treatment. Intelligent skilfully directed internal treatment will often dispense with the *necessity* of local sanguineous or risky external surgery. This is most notable in the strumous affections of the pharynx in childhood; in very many dermatological affections, in nearly all the genito-urinary affections of the male, and a very large number in the female.

The diatheses, taints and disorders of the constitution must be set right as a *sine qua non*, to be first dealt with effectively, before more violent mechanical means are resorted to.

In acute disorders attended with great distress, I would strongly plead for a full and persevering trial of appropriate applications conjoined with narcotics, or even anesthetics, as a primary measure. How often we make ready for an operation, when some relative or, perchance,

Zinc valerianate is a splendid nerve sedative well suited to many hysteric and neurasthenic states.

Lupulin has a well-deserved reputation in the treatment of nervous erethism, insomnia, hysteria and similar states.

sage old woman, comes in and puts the veto on, supported of course by some competing brother in the profession? A free dose of a narcotic with a good sleep did the work. The next morning, the patient clamors to get up and demands his breakfast.

In the agony of renal colic, often due to spasmodic contractions of the ureter, we may find the kidney distended by hydronephrosis, as big as the two fists. Now, if instead of contemplating relief, by the Simons' or the lumbar incision, we at once place the patient under full pulmonary anesthesia, it will be astonishing to note how this vast mass will quickly vanish by draining into the bladder.

LOCAL MEDICATED OR OTHER APPLICATIONS.

We have no end of operations devised for hemorrhoids, yet if we stir the liver and alter the diet, but few will persist;



THE REMEDY FOR QUACKERY.

BY WILLIAM F. WAUGH, M. D.

THE remedy for quackery that seems to be most favored now, is legislation. If the practice could be limited to legally qualified practitioners, and these be disciplined as they are in England, where transgression of the code of ethics may be remedied by a withdrawal of the license, or register, there would be reason for dependence on this method. But the people of the United States have always looked with extreme disfavor on any such restriction of the citizens' rights of earning a living, and juries usually clear defendants in the face of the clearest evidence of transgression of such laws. The limitation

and for these there is no measure more painless or effective than astringent hypodermic injections.

For ectropium or laceration of the os uteri no operation ever devised will secure to our patient the perfection of repair, as we may realize from the judicious employment of the silver nitrate and other chemical astringents.

This is an age when medicinal agents are so prepared in a condensed form, and at such a low scale of prices, as to be within the reach of every practitioner. In one's vest pocket we may carry a dozen stock remedies; by their skilful and judicious employment we certainly can never harm our patient. Let us then, bring this little battery to play on disease in its manifold manifestations and be certain that it has been well tried, before we rush to other more perilous means to be tried only by those specially fitted to apply them.

New York City.

of individual rights, so long as they are exerted in a manner not essentially immoral or criminal, is repugnant to public lay sentiment; and the cry of proscription by a privileged class never fails to arouse sympathy. It is a remedy that does not commend itself to us as suited to the occasion.

The education of the public is an ideal remedy, that does not fit any better. In the ranks of the adherents of popular delusions we find the best educated and most enlightened of our people. In fact, we here place our finger on the sore spot, in that it is among these that we find the most strenuous opponents of the regular



If your patient is anemic of course you will give iron and remember that arsenic seems to have a special field here.

Zinc oxide and silver oxide have occasionally been used for irritable nerves from mental overwork, alcoholism, etc.

medical practice. Were high scholarly attainments and illustrious position synonymous with appreciation of the ethical physician, this would encourage us to look for our remedy in the advance of intelligence and the dissemination of knowledge throughout the community; but when such men as Senator Foraker are numbered among the most enthusiastic adherents of osteopathy, we have little encouragement for such a view.

Our own conviction is strong, that there is but one rational remedy, and that it lies in the acknowledgment that we have not wholly deserved the confidence of the intelligent public, and that by considering the reasons for our failure we may ascertain the methods of so improving ourselves as to regain their confidence. In other words, we possess all the confidence we deserve, and to gain more we must earn more.

Begin with the undeniable repugnance of the people to surgical operations, and their firm belief in the power of drugs, rightly applied, to do away with most of these painful, dangerous and expensive ordeals. They have not lost faith in the power of drugs but in our ability to use them properly. The inefficiency and uncertainty of the ordinary remedial agents has begotten in the physician a timidity in his therapeutics and a tendency to pessimism that has disarmed him. The people know this. They are adrift from their old moorings and vainly seeking some other secure solidity to which to cling. They have no dislike to us, no special proclivities elsewhere—they ask for help in time of distress and safety, from the dangers incident to their lives and they only look elsewhere when we fail them.

We must reform our ways. We must cultivate the highest ethical and that means moral standard, so that we shall be looked upon as the firm refuges in the hurricane of greedy selfishness that is overwhelming society since the era of the Captain of Industry began. Be pure and clean; think, feel, act and speak, only from the most disinterested motives; and the time will not be long when the world will recognize your worth and trust you as you deserve. Nothing is so urgently needed today as men who are worthy of confidence.

We must improve our methods of treatment. We must use better remedies, and apply them more intelligently. We must study our cases better, must learn to recognize the pathologic conditions, rather than to name the diseases. We must learn to know our remedies, and to see the precise indications for the use of precise remedial agents; and to recognize the effect of these so that we use neither too little nor too much, but just enough to accomplish our definite, well-considered purposes. Guesswork and chance must be eliminated from our practice. We must be prepared to use that most impressive branch of our art, prognosis, so as to teach our patients our mastery of the case in a way no quack can possibly do.

These are the things that make for better doctors, and we can not afford to be turned aside from anything that tends in that direction, by the sneers of self-interest or arguments addressed to prejudices, that do not touch the merits of the question. And if there be any other or better methods of opposing quackery the writer knows them not.

Chicago, Illinois.



Caffeine relieves the fatigue incident to neurasthenia; remember how you are braced up by a good cup of coffee.

Neuralgia is relieved by the coal-tar analgesics—antipyrin, acetanilid, phenacetin, etc., they have a place but do not abuse.

With the suggestions made by Dr. Waugh we are in full accord. The medical profession itself is largely to blame for the prevalence of quackery. When people are sick they want help—the greatest amount possible. It has become too much the fashion to be therapeutic agnostics. There may be things that will do these patients good, but we are not very sure of it. Professor A. says that medication is in the main useless, and we follow blindly in the steps of the learned professor when we could at least *try* some of the things that the despised quack uses to relieve if not always to cure. Quackery is itself a shameful and debasing thing but it has its lessons which we ought to learn—the first being that the greatest duty of the doctor is to help his patients as much as possible, and the study of medicine *as a science* is only useful as it leads up to this supreme end. The best way then to end quackery is to understand it, and, out of it, to get the real good that is in it and turn it to our own uses—to turn the devil to good works.

In Germany it is said there are 100,000 quacks—three times as many as there are legitimate practitioners—and yet Germany is the *fons et origo* of scientific medicine. German doctors have become so engrossed in the study of the natural history of medicine that they have lost interest in the *cure* of

men and women. Germany is the finest place in the world to study because the feelings of the patient are not considered as of much importance; he is a thing to be experimented upon, to be operated upon, to be exhibited before clinics—but hardly considered as a man with heart, blood, nerves, like our own. And here again we may learn a good lesson from the quack—who cultivates the personal element in his patient, treats him as real flesh and blood and at least tries to make him feel that his heart has a place in it for *him*, even though it is a bitter kind of heart after all. Every man responds to the magician-touch of personal interest, and if it is “the real thing” that it ought to be, we need not fear the loss of our patients—at least many of them.

Quacks there will always be. They answer a demand which is deep in human nature and can never be eradicated—a demand that the mysterious shall find expression in our flesh, and that the impossible shall be done. Human nature does not change; superstition always will be as it always has been; even in our own selves, if we will but confess it, it lives a little. Is that not so? But that is no reason why this ugly flower of the centuries should be permitted to go to seed among us and choke out at last the real good which only the medical profession can do.—ED.



THE ROLE OF THE MOSQUITO IN MALARIA AND YELLOW FEVER.

BY W. L. COLEMAN, M. D.

THIS article was received from Dr. Coleman shortly before his death, and is the last that appeared from his pen. In it for the last time he re-

asserts his faith in the theory concerning the origin and transmission of malaria and yellow fever, for which he had so ably contended for years and which



Quinine will relieve many cases of neuralgia, especially those in which the pain recurs at regular intervals—malarial.

Be sure that your “neuralgia” is not an inflammatory or reflex pain; many mistakes in diagnosis on this point.

was very dear to his heart. Dr. Coleman always wrote well and this article carries the same strength, vigor, earnestness that characterized all his work. While many of us find it impossible to endorse his ideas, we all must admire the fine grasp of his intellect, his careful logic and his fidelity to the truth as he saw it.—ED.

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This is preëminently the era of "fads." Fifteen years ago I ventured the opinion that the last decade of the century would be known in history as the period of the "passing of the microbe," to such extravagant lengths had the "germ theory" been pushed and so absurd were many of the opinions and theories advanced in regard to it. But I went wide of the mark, for at this time it dominates the medical mind to the exclusion of all other causes of disease, and I fear has hindered and prevented necessary investigation along other lines of medical inquiry of far more importance to the profession and of much greater utility to the human race.

The climax was reached and capped during the first four years of the century by the promulgation of a most marvelous theory and wonderful discovery which has been almost universally accepted by both the profession and laity with greater unanimity as to its truth than any other theory, ever advanced before. It is that the *Anopheles* mosquito is not only the *sole* cause of malaria, but that the female *Stegomyia fasciata* mosquito stands in the same relation to yellow fever. In other words, "without *Anopheles*, malaria does not occur; without *Stegomyia* no yellow fever." (Chaillé.)

This is entirely too much for my



credulity and I seem to stand almost alone in the great minority of one as an objector; and it may be said that I have no right to dispute or criticise these facts, as they are claimed to be, being superannuated, out of the harness and not in active practice; but I am an earnest seeker after truth and the whole truth and take the liveliest interest in the wonderful progress and discoveries that are continually being made in that noble profession in which I have labored for nearly half a century, and so I am open to conviction and stand ready to be convinced and accept whatever can be demonstrated to be truth, however much it may conflict with the cherished theories and conclusions of a lifetime.

But all of this is so contrary to the accumulated, overwhelming evidence of the past, obtained by thousands of observations and centuries of experience of competent investigators, that to my mind it seems to be a plain case of "putting the cart before the horse," and of mistaking the *effect* for the *cause* of the disease, which I shall endeavor to show. These two particular diseases are the most unique and least understood of all the maladies of which the race has ever been afflicted, and constituting the greater part of a practice of a lifetime, I have ever made them subjects of special study and investigation. My views and theories of them have undergone radical changes from different periods of investigation, and those I now hold seem to differ wholly from those held by the entire profession, but being founded upon indubitable facts I claim they are incontrovertible.

Differing diametrically from each other as to origin, cause and nature they are each respectively representative types

Pain in the side may be intercostal neuralgia, rheumatism of the intercostal muscles or a pleurisy—watch out!

In intercostal neuralgia you will find the painful points of Valleix; examine for local tenderness.

of two very different classes of disease. The first, malaria, has always been regarded erroneously as a perfect type of "zymotic diseases" and is always endemic, frequently epidemic, but never infectious or contagious, which it would have to be if the mosquito could obtain aught from the blood of one suffering with it by which it could transmit and produce the disease in another.

Bosh! Who ever heard of "ague" being contagious! After holding the general opinion that it was a germ disease, caused by emanations of miasmata or mephitic gases from marshes and stagnant water in paludal regions, the investigations of a lifetime have compelled me to abandon the theory *in toto*. Bacteriologists have utterly failed to discover, isolate and demonstrate positively the existence of a pathogenic germ as the cause of malaria, and as it can be easily shown that the blood is in a normal and pure condition at the beginning of the first attack of the disease, I maintain that it is not caused by a microbe or blood poison of any kind. Of course every one knows that the blood becomes rapidly impure from the terrible disturbance and derangement of the functions of all the organs of secretion, excretion, elimination, etc., as a result of the fever, and that this impurity is greatly increased by the antoinfection with superimposed specific infection that naturally follows such a condition of things.

Among other impurities in the blood produced by the fever is to be found the now celebrated little microscopic animal parasite discovered by Laveran, twenty-five years ago, whose origin and way of entrance into the blood-stream have worried and puzzled medical scientists from that day till this last marvelous discov-

ery, that its entrance was effected by the *Anopheles* mosquito, and that "without *Anopheles* malaria does not occur." (Chaillé.)

Whence its genesis? Is it the natural offspring of *Anopheles*? Now from the fact that it is found only in the blood-streams of persons suffering with malaria, and that no natural or rational way of entrance has been discovered, I contend that the blood is its birthplace and natural habitat from which it never emerges except when extracted by *Anopheles*, but perishes and is cast out as refuse matter at the end of its cycle. As said, no one knows when this parasite makes its first appearance in the blood-stream but it can be easily shown that it is not to be found there just before and during the first hours of the first attack of malarial fever, for being an effect or product of the fever it requires some little time for the production of the vanguard, which however is rapidly reinforced as the battle grows hotter and the fever is prolonged.

How this parasite is evolved in the blood I leave the bacteriologists to decide, but to show that there is no ground for the charge that I believe in the old, ridiculous but exploded theory of spontaneous generation, I will say there is no necessity for imagining a new creation or evolution of a new germ, but that in all probability Laveran's parasite was caused by some action of the fever upon the blood, transforming innocent and useful leucocytes into hungry, savage phagocytes, with pseudopodic jaws, ready to devour the red blood corpuscles, thus inducing a tendency to leucocythemia, a condition, as is well known, occurring oftener in malarial regions and in



Neuralgic pain will often yield to local applications of heat; try the hot water bag, a sand bag or hot iron.

Too often neuralgia is the sign of toxemia; the poison may come from the bowel or may indicate uric-acid-like products.

chronic sufferers with malaria than elsewhere.

If they can demonstrate that malaria is caused by a microbe or germ of any sort, then it can be prevented or cured more certainly and effectually with the simple sulphide of calcium than with all the tonics and antiperiodics ever used; for this same sulphide of calcium has been demonstrated to be *the parasiticide par excellence*, which, while harmless to the human organism, is certain death to all the lower forms of life, and is a certain cure and preventive of smallpox, measles, scarlet fever, whooping cough, and of all infectious and contagious diseases. This is by the way, for I never neglect an opportunity to call the attention of the profession to this simple but grand remedy, which I have demonstrated, personally, to be a certain and positive cure in all of the above cyclic diseases hitherto regarded as nonamenable to medicine, and it is far safer than and superior to any of the dangerous anti-toxins.

But to return to the subject proper: The condition of neurasthenia invariably existing among other prodromic symptoms just preceding an attack of malaria, together with the fact that the strychnine, quinine, arsenic and other vital incitants and nervous tonics cure and prevent it, are *prima facie* evidence that the disease is a neurosis, pure and simple and not a zymotic or blood disease.

The neurasthenia and lowered vital energy preceding, causing and accompanying an attack of malaria are due to and caused by irritation and overstimulation of the ganglionic nerve centers, as a result of an abnormal electrical condition of the earth and air, their natural

conditions being reversed, and the earth becoming positive and the air negative; this reversal of their normal conditions is caused by the great daily variations in the thermometer of thirty or forty degrees every twenty-four hours. This great daily variation of temperature causes intensely hot days and cold nights—typical malarial weather. Hence malaria is a neurosis, not a blood disease, and I see no part for Miss Anopheles to play. It is true she might possibly transmit malaria from the sick to the well by means of Laveran's parasite; but this is highly improbable, and as this is still *sub judice*, and not proven, I relegate her to the position held fifty years ago, when the mosquito was regarded as a blessing in disguise from God and a preventive of malarial fever.

Holding the views I do that the original cause of yellow fever (the old African slave ships) having long since been removed the disease is bound to become extinct, if it has not already done so, I deem it unnecessary to say anything upon the still more absurd and criminal theory that the *Stegomyia* mosquito is the sole means of spreading that disease.

If the yellow fever poison existed anywhere in the world possessed of the virulence and potency of fifty years ago, it would be a sad day indeed for the South if that doctrine was enforced and quarantine against all forms of fomites relaxed or removed, for there are so many more nonimmunes in the country than ever before in its history that only those who have witnessed the terrible epidemic that prevailed fifty years ago can form any conception of the widespread suffering and death that surely follow the presence of Yellow Jack, endowed with his pristine virulence and supplied with



In all cases of neuralgia see that the eliminative organs are all doing full duty; this alone may clear up your case.

Be sure that your neuralgia is not a neuritis, a true inflammation of the nerve or its sheath; some poisons cause this.

such an abundance of material. But thanks to that inexorable law of nature, *sublata causa tollitur effectus*, the cause being removed the effect will disappear. We would no longer fear the importation of that once dreaded scourge, yellow fever, either by that wonderful mosquito, *Mrs. Stegomyia* or the ancient Mr. *Fomites* (Chaillé), for I contend, and challenge successful contradiction, that the completed and closed history of the old African slave trade and yellow fever furnish so many plain, simple, indubitable and incontrovertible facts that show that there ever existed such an intimate, constant and unbroken connection and association between them and that their companionship was so close and inseparable everywhere as to time and place that the conclusion is irresistible to any unprejudiced mind that they stood in the relations of cause and effect.

No sane man will deny that the slave trade has long since ceased to exist, and every one at all familiar with the past history of yellow fever is bound to admit that the history of the last twenty-five years shows clearly that its epidemics have been far less frequent and of a much milder type than ever known before for the same length of time in its whole history.

There are several reasons why the effect, yellow fever, continued to prevail so long after the suppression and removal of the *cause*, the slave trade, but it is unnecessary for me to enumerate them, and I will only refer to the principal one, which is that no man knows when the contraband or illicit trade ceased, and history contains no record of it, for it was carried on surreptitiously and by stealth, and several cargoes were landed on the coast of Texas during my

residence, and yellow fever followed the disembarkation of each.

From my observations in Santiago de Cuba in 1898 and from what occurred since, I feel justified in saying, that it is extremely doubtful if there has been a single case of genuine yellow fever in Havana or elsewhere in Cuba during the past four years, and hence the mosquito theorists have been experimenting with what is known as Cuba's acclimating fever instead of the genuine yellow fever. This fever was diagnosed as yellow fever by the greatest living yellow fever expert, in July, 1898, who in his report to the Surgeon-General predicted there would be a terribly destructive epidemic in August and September, and that it would decimate our army, as the city was then full of cases. Three other reports, made after special investigation, testified positively that there had not been a single case in the city or province of Santiago during the summer of 1898. All this sustains and verifies the past history of the disease and my claim that it has become extinct, and that too before this wonderful discovery, thus leaving *Mrs. Stegomyia* without an occupation.

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While it will be of little practical utility at this late day, yet I desire to close this my last paper upon this subject by putting on record my final theory and conclusions as to the nature and characteristics of the specific pathogenic germ that caused yellow fever, based upon careful, critical bedside observations in many epidemics for nearly half a century. Yellow fever is a splendid type of septic diseases and is absolutely and wholly a filth disease caused by a specific animal poison coming from that peculiar

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Many a neuralgic pain is the sign of disease at some more or less remote point; make your examination sufficiently thorough.

Keep the blood rightly distributed; very often the neuralgia may be perpetuated by vascular spasms; use aconitine.

filth found only in the holds of the old African slave ships. Its pathogenic germ is a compound vegeto-animal organism consisting of a minute microscopic vegetable growth of mold or mushroom as a base. This vegetable growth is to be found in all sea-going vessels whose holds are filthy, but it is perfectly innocuous until it is exposed to and becomes contaminated or impregnated by the pathogenic germs of some infectious or contagious malady.

Doubtless typhus or ship fever was the first ever observed to do this, although I am altogether ignorant of the origin and nature of that old disease, never having seen a case of it, or studied and investigated it. But by far the most important disease that ever did this is the one under consideration, yellow fever, and the chief function and office of this base seems to have been after being thus impregnated with the yellow fever poison, that of a medium of transportation of that poison from place to place. Attaching itself to and adhering readily to fomites of coarse cloth, especially woolen goods, blankets, wearing apparel,

etc., it is easily transported from one point to another, but requiring, as is well known by all yellow fever experts, a peculiar condition, of which we are wholly ignorant, of the atmosphere of the locality into which it is introduced as to temperature, moisture, magnetic state, with decaying vegetable and animal matter.

Houston, Tex.

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The paper closes abruptly, it evidently having been the intention of Dr. Coleman to elaborate the details of his theory more fully. But most of our readers are already familiar with his ideas and it seems hardly necessary to deal further with them here.

The contributions of Dr. Coleman to the dosimetric cause will stand. He was one of the earliest converts to this method in America, one of its most eloquent advocates and much substantial therapeutic work will remain as a witness to his intellectual depth and his careful clinical investigations. The readers of the CLINIC will not soon forget his frequent contributions. *Requiescat in pace.*—ED.



BRYONIA.

BY FINLEY ELLINGWOOD, M. D.

BRYONIA has long been in use, as an essential agent among homeopathic physicians, but they have given it in potencies and in triturations, and yet their observations are of value to us in our application of the drug, although we use it in the line of its physiological activity. The remedy need never be given in large doses. To an adult a half drop of the tincture is usually sufficient; from one-third of a

drop, to a drop of a good tincture, are the limits of its administration. The fractional dose of the active principle is an especially valuable and practical form for administration. Its profound physiological influence is never demanded within the lines of its administration, if controlled by its specific symptomatology.

In three distinct lines the remedy acts with positiveness, and the exact indica-



Remember too that an aconitine ointment rubbed on the painful place will often give the desired relief.

Aconitine is especially effective in the cases of neuralgia due to taking cold and showing febrile symptoms.

tions within these lines should always be carefully noticed: First, the remedy acts specifically upon serous inflammations; second, upon inflammations of the synovial membranes; and third, upon acute inflammatory conditions characterized by tenderness upon deep pressure, and quick, sharp, shooting pains. It is certainly a remedy for acute pain in inflammatory disease, when the pain is aggravated by movement, or relieved by pressure; when there is an elevated temperature, with hard, frequent vibratile pulse, the muscular structures sore and tender, as if bruised; when the cheeks are flushed, or when from the fever, there is frontal headache, which extends backward to the basilar region.

Bryonia is of especial value in acute inflammation of the bronchi or pulmonary structure, when there is persistent temperature with acute cutting pains, and a persistent aggravating cough, which is usually described as of a hacking character—a short, sharp, irritating cough. This persistent irritating cough, is accompanied with extreme soreness in the region of the larger bronchi, and usually during the progress of the fever there is a bright red flush upon the right cheek.

While we have not ourselves been so exact about the more minute indications, other writers lay great stress upon the fact that the soreness, whether it be muscular or in the organs, and the quick, sharp, cutting pains, that are relieved by bryonia, are all aggravated by motion.

It will be seen at once, then, that this remedy has an exact place in the treatment of pleurisy, pneumonia, bronchitis, peritonitis, hepatitis, splenitis, and in every inflammation within the abdomen which involves those organs, or parts to

which the peritoneum is contiguous. When the symptomatology is exact, there is absolutely no more reliable remedy than bryonia, and all prescribers who have depended upon it for some time unite in the testimony that they cannot replace it by any other remedy or combination of remedies.

Synovial inflammations, whether acute or subacute, whether specific or benign, whether of rheumatic or other origin, when presenting the symptoms above repeated will be quickly relieved with bryonia, and in all cases where bryonia is used its influence is of a positively permanent character.

In these cases, there is the elevated temperature, the hard, frequent and vibratile pulse, and usually the contiguous muscular structures are sore, as if bruised and tender, the soreness being increased as above stated upon motion.

Acute rheumatism is one of the disorders in which bryonia is very frequently found of benefit. It will also favorably influence rheumatic fever, and nearly all prescribers find a useful field for it in the treatment of erysipelas, combined with or in alternation with rhus toxicodendron.

In rheumatic inflammations of the finger joints or of the toe joints, or of the synovial membranes of the feet and of the wrists, this remedy seems to exercise a special selective influence.

The fevers of infancy, where movement causes pain, the child crying out with a sharp cry, the fever persisting, are usually quickly controlled by bryonia. For more than twenty-five years I have treated the acute inflammatory disorders of the chest in infants with uniformly successful results, and have depended upon bryonia more than upon



Atropine is a rational remedy in many of the spasmodic neuralgic affections; may be given with or without morphine.

Veratrine is to be given in cases in which there is hypertrophy or overaction of the heart, with hard pulse or convulsions.

any other one remedy, until the course is now almost a routine one, in the treatment of pneumonia at least, in which bryonia is the leading remedy.

This agent is combined with aconite and belladonna if the disorder is of the congestive type in its incipient stage, or with ipecac if there is much irritation in the mucous linings of the bronchial tubes. These remedies are not combined, but are given in alternation in very small doses, usually every half hour. The real satisfactory results must be seen to be fully appreciated. I am confident that no physician need lose more than two per cent of his pneumonia cases; if he will strenuously avoid cold applications to the chest, but will apply persistent heat instead, and will learn to

properly adjust the above named remedies.

Bryonia, as a special sedative in that class of protracted fevers, where the ordinary depressing sedatives would depress the heart's action, is of much value. Where there is extreme prostration in the asthenic or adynamic cases, where the mucous membranes are dry, and the lips are cracked, where there is excessive thirst with constipation, or dry, hard stools, where the urine is scanty and high colored, in these cases it will allay the temperature, it will increase the secretion in a normal and satisfactory manner, will soothe the distressing symptoms, and promote quiet and restful sleep.

Chicago, Illinois.



WOUNDS OF THE EXTREMITIES.

BY GEO. H. CANDLER, M. D.

TAKING one thing with another, perhaps the wounds which the general practitioner has to deal with most are those of the fingers, hands and feet. If he happen to practice in a factory district he is pretty sure to have crushed and severed fingers to deal with often and, less frequently, more severe crushing injuries involving the hand and forearm.

The least important injuries are, of course, those of the digits. At the same time the kind of work done upon these cases means everything, for with the doctor rests the future utility or uselessness of the member. It has been the lot of the writer to deal with any number of hand injuries and it is a comfort to remember that nearly all of the victims

have good working members at their disposal.

The main point in all minor injuries is to make a perfect first dressing and, as the hand is seldom or never clean, great care must be taken to obtain asepsis. This secured, the wound can be put under a dry dressing and allowed to heal. Sometimes, despite the utmost care, there will be a failure and the dressing must come off. It is always wise to impress upon the patient the fact that pain, heat or throbbing in the wound mean infection and infection calls for prompt re-dressing. The method of the writer, which has been more than fairly successful, is the following: Provided that the bone is not injured and that the tissues are not extensively torn every



Next to quinine, arsenic is the most generally useful remedy in neuralgia; given in form of triple arsenates it is very effective.

Macroton is a valuable remedy in neuralgia of the fifth nerve and in ovarian neuralgia especially.

step taken is with the one end in view of covering the wound with a *permanent* dressing. The finger or hand is immersed in a basin of hot crenasol or creolin solution, the preference, for years, having been given to the former. Roughly speaking a dram to the quart is ample for this work. The parts surrounding the lesion are well washed with either crenasol or ethereal tincture of soap. Pledgets of cotton are used and each pledget is discarded as used. After the member is practically clean a fresh and equally strong solution is placed in the basin and with a dropper or small wound syringe the wound itself is flushed and cleaned. If bleeding has ceased under the bandage temporarily applied at the scene of accident it will be renewed again by this procedure; so much the better, as infected clots, plugs, etc., are swept away.

The parts are now dried with cotton and bleeding either stopped by pressure or, if necessary, by ligature. Everything being clean it is possible for the doctor to see just what he has to deal with. Do not tie anything which can be left untied with safety; you defeat your own object. If it be possible to do so bring the edges of the wound together after a liberal dusting with aristol, iodo-crol, vitogen or any one of the many successful dusting powders which may best suit your taste. Do not, if you can help it, use iodoform in private practice. Iodocrol, iatrol and iodoformogen are, each and all effective and odorless. Personally the writer uses vitogen or bismuth-formic-iodide for extensive wounds and aristol for smaller ones and all lines of suturing and wound edges.

The edges of a wound not requiring ligature or suture are held snugly to-

gether by placing over the edges a piece of gauze soaked in flexible collodion. A piece of lint is covered thickly with the dusting powder, placed carefully in place over and around the wound, and over this goes enough cotton to act as a protective (from either cold or knocks) and then the whole is covered with two layers of cotton bandage. If the lesion has not been too extensive or caused any tissue to become devitalized, and if the washing has been thorough, this dressing will not need to be touched—excepting the outer bandage—till healing has occurred. Such wounds leave slight scars.

If septic matter has been left behind however, after twenty-four hours the part will throb, burn and ache. This means that the dry dressing must be opened, the wound cleansed and put in a wet dressing. If inflammation has occurred and pus forms it is best to insist upon the wet dressing for the simple reason that frequent changing is imperative and so the course of the lesion is watched. Some of the worst crippling I have seen was due to the ravages wrought in prolonged intervals between dressings.

Should the wet dressing be necessary after exposing the wound, cleanse it thoroughly with the crenasol or creolin solution, taking pains to lift sealed edges which may retain infected secretions. With moderate pressure dry the wound, snip off any tags or edges which may look suspicious and then apply directly to the surface (unless it be an extensive laceration) moist medicated gauze, being liberal with it. Over this place a piece of rubber protective, over this some cotton, and cover all with a roller.

I do not like sublimate gauze, much



Gelseminine does excellent service in many neuralgias—malarial, dental, ovarian and those due to cold.

In gastralgias of an obstinate type, not very acute, with abdominal pulsation, ergotin may prove effective.

preferring nosophen or bismuth-formic-iodide. The latter has a pleasant odor and under it suppurative processes are impossible. The moist dressing for extensively lacerated surfaces is varied to the extent that a piece of rubber tissue, after being placed for five minutes in an antiseptic solution, is applied directly to the wound surface; the gauze is then put in place. I prefer to puncture the rubber tissue freely first. It is obvious that the object here is only to prevent "sticking" of the gauze.

In those wounds which appear a little too severe for the dry dressing described, and yet in which it is not desirable to apply a wet dressing, the following plan will work beautifully. After cleansing, soak a piece of gauze (four thicknesses) with a mixture of collodion and compound tincture of benzoin (one to four) and, after dusting the wound, apply this snugly to the part. Cover with cotton and a bandage. Suppuration will rarely if ever follow. The often followed method of "sealing a wound in its own secretions" is only mentioned to condemn it. "Seal the wound" by all means, but in aseptic and antiseptic matter!

Passing to more serious lesions it becomes necessary to urge the practitioner to cleanse the parts thoroughly so that he may become familiar with every tag and shred of tissue. Never condemn a finger or hand till you are positive it is useless. If uncertain, place the torn and crushed parts together, support them with sterile gauze dressings and place the part at absolute rest. Place the limb so that blood may flow freely to and from the injured portion and, if vitality is threatened, suspend above it a vessel filled with sterile normal salt solution. Let this drip slowly upon the

dressings and arrange some plan by which the surplus water may flow away. This is easily accomplished with a piece of oil cloth pinned up at one end to form a trough. In forty-eight hours reaction will have taken place and it is ten to one you will find that you can save all or a large portion of the tissue which would have been sacrificed had you dressed permanently at first.

Conservative surgery means everything in these days, not alone to the patient whose livelihood is threatened, but to the doctor who has a reputation to make. Rest assured that the man who can save for his patient two crooked and distorted but useful fingers will be appreciated more highly than the one who "made a beautiful amputation but"—robbed the injured man of his digits.

Bear in mind also, that tissue which has even the faintest circulation will respond to the modern "applied blood" treatment. The technique is simple, but scrupulous cleanliness is called for and, unless a reasonably skilful nurse is available the doctor should see to the dressings himself twice daily. In the ordinary manner the wound is cleansed and prepared; torn tissue is replaced—sutured if necessary—and then a piece of protective, punched full of pin-holes, is applied. Over this iodoform or boric gauze is applied thickly and, here, iodoform gauze gives the best results. The dressing is saturated with bovine one part, normal salt solution one part and this solution is dropped freely upon the dressing throughout the day. It is a good plan to cover the soaked gauze with another piece of protective and an outer bandage so as to protect it from germs. If this dressing is intelligently used and the wounded part is kept



Cannabin is a useful remedy in many forms of pain; associated with atropine it often makes morphine unnecessary.

Often a combination of hyoscyamine, glonoin and strychnine will work like magic in spasmodic pains.

scrupulously clean and necrotic edges clipped off the most astonishing results will be obtained.

Granulation once secured, small skin grafts should be applied where needed and the same dressing continued. Now, however, even more care as to asepsis is necessary as the protective covering the grafts must not be touched for forty-eight hours. By this time it is safe

to carefully lift this and replace with a fresh sheet which should have been placed for ten minutes in a 1 to 100 carbolic acid solution or crenasol, washed off in plain sterile water and finally dipped in normal saline.

In the next paper I will describe the method of grafting which has been uniformly successful in my hands.

Chicago, Illinois.



THE CONTROL OF INTERNAL HEMORRHAGE BY DRUGS.*

BY THOMAS LUTHER COLEY, A. B., M. D.

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BY the term internal hemorrhage, as used in this paper, I include all forms of bleeding in which the bleeding point is not within reach of direct topical application.

It will be my purpose to set forth the general principles on which rational medical treatment is based, and not to discuss the relative merits of surgical and medical means.

In the first place, it may be stated that we have no specific remedy for the control of bleeding, and secondly that the employment of many of the drugs recommended is not based on rational grounds. As will be seen presently, various agents are advised for a similar condition which act antagonistically, so that if one does good, the other must do harm.

The preference given to many remedies by clinicians is too often based on insufficient data. The action on a small series of cases of certain character may not apply to all hemorrhagic conditions,

and the tendency of the bleeding to cease from nature's efforts is so important a factor that we are never sure our drugs have exercised any influence whatever.

In order to discuss intelligently the control of internal hemorrhage, I shall state the following general principles:

1. The mere onset of hemorrhage does not necessarily indicate medical treatment. The general tendency of bleeding is to cease from natural causes, and often more harm than good is done by overdrugging.

2. All patients, bleeding from whatever cause; must be kept in a state of absolute rest and quiet, bodily and mentally, so far as this is possible.

3. All forms of hemorrhage may be more or less benefited by what may be termed collateral treatment. Change of bodily posture as indicated, drawing the flow away from the bleeding point as much as possible, the use of cold, heat, counterirritation, ligature of the limbs, etc.

4. The drug treatment of hemorrhage includes:



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Rachford (*Arch. of Pediatrics*) describes recurrent or cyclic vomiting which occurs in infancy or childhood.

In these cases of recurrent vomiting Rachford says that a history of migraine or gout in the family is common.

A. First, the use of hemostatics, acting locally when this action may be secured, as in certain forms of bleeding in the gastrointestinal tract. Second, the use of internal hemostatics.

B. First, the use of drugs for the purpose of lowering the blood pressure, by depressing the heart or widening the blood paths. Second, the use of drugs to produce a local constriction of the vessels around the bleeding point.

In the consideration of the action of drugs on the vasomotor system we face one of the great difficulties of our problem. Vasoconstrictors to be of value must possess an affinity for the vessels around the bleeding point and there alone; otherwise a rise of general blood pressure will more than compensate the constricting action. The local constriction of the bleeding vessels may be brought about relatively by those vasodilators which act on the vessels of the general circulation, but do not dilate those of the bleeding area. The difficulties of the problem are obvious. Sollmann discusses briefly the selective action of dilators and constrictors, a knowledge of which is of paramount importance.

"The lungs are not much influenced by vasomotors. Hence dilatation would be indicated: Nitrites.

"The vessels leading to the brain are very subject to dilators, but not to constrictors. Neither measure would therefore be useful. If there is not naturally a showing, aconite would promise good results.

"The splanchnic area is the area most sensitive to vasomotor influence, and which reacts most promptly to either dilators or constrictors. The latter would be indicated: Strychnine or hydrastis.

"The skeletal muscles are not readily dilated nor constricted. Dilatation would be indicated: Nitrites.

"The uterus is strongly subject to constrictors. In postpartum hemorrhage, ergot; in menorrhoea, hydrastis and especially local treatment."

These general postulates urge me to controvert the internal use of all drugs producing a rise of general blood pressure, either directly, as digitalis, or indirectly, as the emetics, ipecac, etc., with the exceptions of ergot and hydrastis in bleeding from the uterus, and possibly in hemorrhages of the splanchnic area.

With these preliminary remarks I shall proceed to outline briefly the general action of some of the remedies advised as internal hemostatics. This will illustrate how widely at variance have been the views of clinicians as to the therapeutic indication in cases of bleeding as well as the lack of knowledge of drug action.

Vegetable and Mineral Astringents.—Astringents of both classes have a distinct constricting action on tissues. They precipitate albumin and other proteids and are effective only when applied locally. The vegetable astringents owe their activity largely to their tannin content. Tannic acid is itself derived from the oak gall and seems to consist of an anhydrid combination of gallic acid (Cushny). The greater part of the tannic acid administered is decomposed in the intestine into gallic acid. Hamamelis, gallic and tannic acid are alone of interest to us in this group.

Despite the fact that these remedies are administered routinely for the control of internal hemorrhages there is no satisfactory evidence, whatever, that they are of any value. Tannic acid is found



Mental overwork and nervous excitement are important predisposing causes of cyclic vomiting; constipation is usually present.

Recurrent vomiting is an autointoxication. Rachford thinks that in most cases hepatic incompetency is the main factor.

in the tissues in minute quantities as a gallate or tannate of sodium and the traces are so minute that they can have no action.

The mineral astringents, notably the salts of lead and iron, are very commonly prescribed for their supposed internal hemostatic action. They are, however, valueless for this purpose, being absorbed in very minute quantities and having no predilection for the bleeding point. If they were capable of coagulating the blood after absorption and thus stopping hemorrhage they would certainly do so in the portal circulation and would not be carried to the bleeding point before they acted. . . . They never reach the blood except in forms in which they have no astringent nor styptic action (Cushny).

Suprarenal Extract.—The local effect on the vessels of preparations of the suprarenal glands is most marked and they have the added value of not producing a rise of general blood pressure when locally applied. The extract has been used with satisfactory results in gastric hemorrhage and it may be injected into the uterus, rectum and bladder, but it is only useful where a local application can be made. There is no satisfactory testimony that the bleeding point can be reached through the circulation. Experimentally it has been determined that when a small amount of epinephrin is injected into the blood vessels of animals that there is a very rapid rise of blood pressure with a slow heart beat; further, it has a distinctly selective action, some of the vessels being affected very much more than others. In the organs whose flow of blood is regulated by the splanchnics the effect is most marked while the vessels of the lung and brain do not

seem to be affected; those of the skin are much contracted, and those of the muscles scarcely influenced. The rise of blood pressure following the intravenous use of epinephrin (which is a very unstable product) would be a contraindication to its use in internal hemorrhage.

Digitalis.—*Digitalis* is sometimes prescribed to stop hemorrhage, but the flow of blood is increased through the contracted arteries and there is no evidence but that more harm than good would accrue from the administration of large doses of the drug.

Ergot.—*Ergot*, on account of its selective action on the uterus, however uncertain the method of this action may be, has found an established place in the treatment of hemorrhage from this organ. The general action of ergot, which depends on its still doubtful complete composition, is not satisfactorily known. As a remedy in internal hemorrhage it may be said to be of doubtful value on account of its slow and lasting action. The rise of blood pressure which follows its use may or may not be general and may or may not affect the vessels of the bleeding area. If it is general, it would be harmful by more than counterbalancing the local contraction of the bleeding point and, further, if the vessels contracted did not include the bleeding area the rise of pressure would then be a counterindication to its use. There is excellent reason for not using it in pulmonary hemorrhage, for pharmacologic studies have shown that it produces a distinct rise in blood pressure in the pulmonary artery.

Opium.—*Opium*, preferably in the form of morphine, is of great value in internal hemorrhage and this, not from any hemostatic action it possesses, or



Overeating is a potent cause of cyclic vomiting and acid fruits and vegetables may precipitate an attack.

Vomiting is the most important symptom; it is not severe at first but becomes worse; may last from one to six days.

vasomotor effect, but because it allays the patient's restlessness and nervousness, thereby favoring clotting of the blood.

Hydrastis, preferably in the form of hydrastinine, has some reputation as an internal hemostatic, especially in menorrhoea. It is a distinct stimulant to the circulation, causing a prolonged rise of blood pressure and a slowing of the pulse after moderate dose. The cause of the increased tension is not settled; there is probably stimulation of the vasomotor center and the peripheral vessels are contracted possibly by direct action on their walls. The drug might be used in hemorrhages of a slow, oozing character, but in no others.

Ipecac.—The use of emetics in hemorrhages, especially pulmonary, has not met with favor of late. Graves, Trousseau, Peter, Massina, H. Weber, and others, were strong advocates of the use of large doses of ipecac, it being claimed that there follows a diminution in the size and strength of the pulse, and, in addition, that the blood is expelled from the bronchi where it is likely to become the source of reinfection. The great liability of the retching to induce fresh hemorrhage is a strong contraindication to its use. In tropical dysentery the drug seems to be almost a specific; we are in doubt whether this action is due to the alkaloids or the large amount of tannin the root contains.

Aconite in small doses produces a slowing of the pulse with the fall of blood pressure, and seems especially indicated in the so-called sthenic cases. Aconite slows the pulse in the same way as digitalis but does not accelerate the arterial tension as does that drug.

Nitroglycerin and the Nitrates.—This

group produces a profound fall in blood pressure by the dilatation of the peripheral vessels. It is stated that the vessels of the abdominal organs and the brain are more affected than those of the extremities. This group has been recommended for pulmonary hemorrhage. It would seem, however, that the general widening of the blood paths, together with the fact that the heart beats more rapidly under the lowered pressure, would contraindicate its employment. The general widening of the blood paths will frequently increase the caliber of the vessels of the bleeding area.

The Antipyretics.—Antipyrin, especially of this group, possesses valuable properties as a local hemostatic, and has been employed internally for its supposed general styptic action. There is no evidence, however, that it possesses such. The depressant action of these drugs on the heart, together with the sedation which they often produce, may be of slight value.

Formaldehyde.—As a remedy by irrigation in the necrotic forms of dysentery, weak solutions of formaldehyde have been used with success. It has also been employed in climacteric hemorrhage and in uterine hemorrhages of unknown origin, by intrauterine application of a 40 per cent solution of formaldehyde. A few drops of a very weak solution have been recommended for internal administration in gastric hemorrhage, yet the drug is distinctly toxic and highly irritating.

Strychnine.—The action of this drug in producing stimulation of the vasomotor center has caused it to be employed for abdominal hemorrhage, owing to the constriction of the arteries



Rachford treats these cases with small doses of calomel and large ones of sodium bicarbonate, the latter to counteract toxic acids.

Where food or water is not retained by stomach he gives rectal enemata of saline solution or sodium bicarbonate.

of the abdomen and the dilatation of the vessels of the skin. Since, however, the blood pressure is raised and the drug possesses the property of producing motor excitement, it would not seem to be indicated in hemorrhage unless the patient was in a state of absolute collapse. The heart rhythm is slower after its use owing to the stimulation of the inhibitory center, but the rise of blood pressure would seem to more than counterbalance any good this might do.

Alcohol.—The use of alcohol in cases of hemorrhage is generally deprecated by recent writers. As a matter of fact, the whole problem of the action of alcohol is more or less *sub judice*. We know that in fevers it will frequently slow the heart, which action is probably brought about by lessening the cerebral excitement. This action might be of distinct use in hemorrhage. The drug in therapeutic doses produces but slight fall in blood pressure. There is some widening of the blood paths, but this is not great. Taking the evidence under consideration, the employment of alcohol in cases of severe hemorrhage (shock) may rest with the personal preference of the physician. A good deal has been said on both sides.

The Purgatives.—The employment of purgatives is recommended in certain forms of bleeding, as in pulmonary and cerebral hemorrhages, as a satisfactory means of lowering the blood pressure. When the need is imminent, as in certain cases of apoplexy, venesection is preferable, and it is a mooted question whether the physical and mental strain induced by purgation in general will not more than compensate any good that may follow such treatment.

Salt Solution.—Isotonic salt solutions

(0.6 to 0.9 per cent) are administered with excellent immediate results when the body has lost considerable blood or other fluid. Such solutions, by whatever route administered, are absorbed rapidly and are unirritating. The rapid improvement in the circulation which follows their employment is due to the mechanical effect of the increase of fluid, but they do not stimulate the heart directly.

Calcium Chloride.—Within the past ten years calcium chloride has gained considerable reputation as an internal hemostatic, it being claimed by Silvestri, Wright and others that its administration distinctly increases the coagulability of the blood. Wright, however, emphasizes the fact that after the dose is given in full dose for a number of days, from 30 to 60 grains, thrice daily, a reverse effect is produced. G. Gross and others have used calcium chloride in bleeding from the uterus, administering it both internally and by vaginal douche. It is a common practice among surgeons to use it routinely for a few days prior to operation on such organs as the liver and pancreas, it being claimed that this checks the hemorrhagic tendency quite effectually. The clinical evidence of its value is far greater than the pharmacologic evidence, it being urged that the coagulability of the blood can scarcely be increased by the administration of the lime salts, since more is taken in the food than is sufficient for the organism, and the chloride is not more easily absorbed than the combination present in the food.

Gelatin.—The Chinese and Japanese have used gelatin as a hemostatic for hundreds of years, and among western clinicians it has come into general em-

In severe cases it may be necessary to resort to small hypodermics of morphine to control the vomiting.

Diet and hygienic living are essential in the curative treatment of this condition; nervous stress to be avoided.

ployment since its recommendation by Dastre and Floresco in 1897. The drug may be used either by mouth or rectum, or hypodermically after thorough sterilization. It is claimed by many to possess a coagulant action on the blood, but so eminent an authority as Cushny states that there is no satisfactory evidence that the clotting is accelerated by its use.

In the articles whose authors concede the hemostatic action of gelatin there is not a satisfactory explanation for the effect. Zibell believes it to be due to the lime salt contained, 0.6 per cent being found. This is a very small amount to account for such action. Edsall suggests that the increase in coagulability is brought about by the more rapid formation of fibrin ferments, owing to the destruction of the red blood corpuscles. Certain oils, notably turpentine and erigeron, while possessing no distinct hemostatic qualities, may yet act beneficially by their local constricting action in certain case, as in intestinal hemorrhage of slow oozing character.

CONCLUSIONS.

In conclusion, it is necessary to bear in mind that the direct indications for treatment vary with the individual case. These indications include the source of the hemorrhage, the condition of the circulation and the amount of blood lost. In cases of total collapse, alcohol and strychnine would probably prove of value. Fainting from loss of blood may not in itself be an indication for medical treatment, for we know the value of this condition in inducing thrombosis.

The use of the vegetable and mineral astringents in those cases in which the bleeding point can not be reached directly, is highly illogical. The same is true of the use of the mineral acids. Aconite

approaches the action of this group on the circulation, without the untoward local effects.

Ergot seems distinctively harmful in pulmonary hemorrhage, and from its action can scarcely prove of any value in other than uterine bleeding.

Hydrastis has some value in similar conditions. The susceptibility of the splanchnic area to vasomotor influence might be utilized by administering hydrastis and strychnine in bleeding of this region.

I have never seen noteworthy or conclusive results follow the employment of gelatin or calcium chloride. Normal salt solution is undoubtedly a valuable agent, and immediate response often follows its use. I have had poor success with suprarenal extract administered for its internal hemostatic effect and believe that the indications for its employment are distinctly local.

There is great reliance to be placed on rest and quiet for the patient who is bleeding, and often this will suffice. Collateral measures, ligation of the limbs, change of posture, etc., are of great service. Next in importance I should place morphine to induce quiet. In those patients whose circulation is powerful, aconite is of unquestioned value. In gastric hemorrhage, there is a great tendency to employ the astringents. It is well to mention the impossibility of their reaching the bleeding point, the stomach being filled with blood and often with partly digested food. Suprarenal extract, while at times serviceable in such conditions, may fail for the same reason. Many of the drugs advised are nauseous and should be especially avoided; emetics or drugs disturbing the stomach are only likely to cause in-



Most valuable remedies for the condition are sodium salicylate and sodium benzoate; correct constipation of course.

LaFetra says bronchial asthma is not uncommon in children; some cases due to bronchial spasm; others to local congestion.

creased bleeding, owing to the physical strain of the emesis.

This very brief and incomplete review has been presented to emphasize the fact that we have not at hand a single internal hemostatic, the value of which is generally conceded; to show further that many of the agents employed do far more harm than good; that many are positively dangerous, and that a careful study of the individual case will generally show that very little drug treatment is indicated or can in any way do good. The physician is not certain in a particular case whether he has in any way aided Nature in her efforts to check the bleeding.

The claims made for suprarenal extract, gelatin and calcium chloride have not, in my experience, been borne out by fact.

Philadelphia, Pa.

DISCUSSION.

DR. WILLIAM J. ROBINSON, New York City, agreed with Dr. Coley that opium or morphine is of great practical value in internal hemorrhage, especially combined with a little atropine. He considers ergot unsuitable in hemorrhages from the lungs because it causes a rise in pressure in the pulmonary circulation. In gastric hemorrhage good results may be obtained from large doses of bismuth subnitrate, half an ounce at a dose. The patient should be kept in a reclining position and the stomach kept at rest. Aromatic sulphuric acid as an astringent is not safe in pulmonary hemorrhage, nor in gastric hemorrhage. In some cases of epistaxis that show great resistance to treatment, the bleeding will stop after the application of peroxid of hydrogen. Applications of fluid extract of hamamelis generally will control hemorrhage. Two hundred Cc. of gelatin injected into the back stopped a pulmonary hemorrhage which had resisted all other treatment. The patient died a few hours

later and the pulmonary cavity was found filled with a large recent clot, showing the effects of the remedy. A number of cases are on record in which the use of gelatin was followed by recovery. One case of hemophilia was cured by gelatin, the treatment extending over six months. Dr. Robinson called attention to the great value of *veratrum viride* in hemorrhages; it does not act as an astringent; it lessens the peripheral resistance and lowers the pressure in the area around the point of hemorrhage.

DR. WILLIAM F. WAUGH, Chicago, suggested the use of atropine in addition to other therapeutic agents, as by its means the blood is directed to the peripheral vessels and cannot flow from the wound at the same time. The life of a boy, with a pistol wound and apparently dying of hemorrhage, was saved by giving nitroglycerin to attract the blood to the capillaries, and atropine was given to keep it there. This was all that was needed. The action of hydrastinine is so slow as to exclude its use in all hemorrhages except those due to capillary oozing; it is not to be relied on in sudden uterine hemorrhage.

DR. W. C. ABBOTT, Chicago, emphasized the value of morphine, especially when combined with a little atropine, in pulmonary hemorrhage. Atropine relieves pressure and the morphine relieves the irritation in the respiratory organs, and quiets the patient. Therefore, the dose of morphine should be very small and that of atropine relatively large in order to produce the best effect. It is probably the fact that the arterioles around the area of hemorrhage are contracted by the effort of Nature to stop the hemorrhage. There is also a mental unrest and fear of bleeding to death, which by suggestion increases the condition. The morphine, therefore, aids the atropine in drawing the blood away from the part. The combination has no hemostatic action in typhoid fever.

DR. HORATIO C. WOOD, JR., Philadelphia, said that in a case of external or of internal hemorrhage the object of



Tartar emetic, ipecac, nitroglycerin and atropine are the remedies recommended by LaFetra for asthma in children.

LaFetra has found adrenalin of much value in some cases of asthma; instillation of a solution of this into nose may do the work.

treatment is to permanently close the bleeding points with a clot. Therefore, any drug which causes increase of blood pressure does harm. The only reason that more patients are not killed by ergot is because it is used in too small doses. Atropine is equally with ergot contraindicated in hemorrhage; it elevates internal pressure more even than does ergot. Nature stops hemorrhage by lowering blood pressure until the blood has had time to clot. For this reason aconite in small doses may be useful. Stimulants may be of value, not, however, to check the bleeding, but to sustain the heart. Dr. Wood believes that gelatin is of great value in increasing the coagulability of the blood, and pointed out that all the colloid substances possess this property. One reason why gelatin sometimes fails is because it is not used properly. In a Philadelphia hospital, a patient with typhoid fever had hemorrhage from the bowels. One-half an ounce of gelatin was ordered given every hour until relieved. The next day the same hemorrhage was going on, and it was found that a tablespoonful of ordinary prepared gelatin had been given, which contains about 3 per cent of gelatin. Half an ounce of the dry gelatin must be given in order to have any effect.

DR. HENRY W. COOK, Richmond, Va., emphasized the danger of giving stimulants to persons with hemorrhage. A patient who was very badly injured and in shock from hemorrhage was given adrenalin, which caused a rise of blood pressure, but disturbed the clot; bleeding returned and he bled to death in ten minutes. Vasodilators may push the patient over the border line and cause death. Tentative treatment until the patient is over the danger point is the best treatment.

DR. W. B. ROBINSON agreed as to the value of gelatin in increasing the coagulability of the blood. When administered to a dog, the blood drawn will coagulate in ten minutes, while the blood from another dog, without gelatin, requires half an hour. It should be re-

membered, however, that the gelatin should not be cooked when given for this purpose, as by cooking it is converted into a different substance.

DR. ABBOTT disagreed with Dr. Wood, who said that atropine is not a remedy to give in internal hemorrhage. Dr. Abbott said that his views were derived from experience at the bedside. The increase of pressure at the point of hemorrhage will be overcome, if there is dilatation elsewhere, by the use of atropine.

DR. C. E. DE M. SAJOURS, Philadelphia, asked if some of the authorities quoted do not state that the action of the atropine is exercised on the arterioles. He said that this would sustain the contention of Dr. Abbott. One would have, in that case, to recognize the fact that the arteries are supplied with a muscular coat while the capillaries are not, and that the bleeding area could thus be deprived of blood and the hemorrhage arrested merely through contraction of the arterioles.

DR. HORATIO WOOD, JR., replying to questions, stated that the effect of atropine is demonstrable by placing a canula in a dog's artery. After giving atropine the blood pressure goes up, because the small arteries in the interior of the body are contracted. Atropine acts particularly on the arteries and very little on the veins; but the great danger is from arterial hemorrhage. Too small doses have no effect.

DR. ABBOTT said that while Dr. Wood gives atropine and gets internal rise of blood pressure, he claims that vasomotor influence sends the blood to the periphery and equalizes the circulation throughout the body.

DR. O. T. OSBORNE, New Haven, Conn., declared that one of the greatest dangers in internal hemorrhage is the contraction of the peripheral vessels, due to the fear of death. Atropine and morphine will produce peripheral flushing and will always help these cases.

DR. T. L. COLEY said that while morphine has no specific action in cases of internal hemorrhage, it allays the patient's restlessness, thus inducing condi-



Jordan (*Bull. Gen. de Therap.*) has had good results in various sore throats from the application of 1 to 4 per cent sol. of formaldehyde.

Coley says that antipyrin is an astringent only when used locally; taken internally it depresses the heart.

tions favorable to clotting. The use of bismuth in gastric hemorrhage is open to the same objection as the preparations of iron. In the presence of masses of food particles and blood clots the astringent action would, in the average case, be valueless and the mechanical effect slight. Washing out of the stomach in cases of gastric hemorrhage to remove the offending material is a step too fraught with danger to be employed with safety. The use of atropine seems to Dr. Coley to be contraindicated from its physiologic action—the rise of blood pressure which follows its administra-

tion. Clinical evidence is extremely unreliable in estimating the value of any treatment for hemorrhage. It is very difficult to calculate the extent of internal bleeding or the effect of a given drug. In a case of intestinal hemorrhage in typhoid fever several drugs may have been employed and we do not know which of these, if any, has produced a favorable effect. The spontaneous effort of Nature must not be overlooked. A second patient may recover from severe intestinal hemorrhage without having received any drug treatment whatever.



THE REMOVAL OF PIGMENTARY NEVI AND CHLOASMA.

BY C. S. NEISWANGER, M. D.

Professor of Electro-Therapeutics, Post-Graduate Medical School and Illinois Medical College; President and Professor General Electro-Therapeutics Illinois School of Electro-Therapeutics.

WHILE this particular field has been boldly invaded by the surgeon and dermatologist for many years past, the fact remains that little has been done for the relief of the unfortunate possessor of these unsightly blemishes. The advance made, however, in the medical and surgical uses of electricity has made it possible to relieve those thus affected, and while the methods about to be given may not be new to some of you, the results obtained from their use by the writer encourages the belief that they might be elaborated by others more skilful.

Nævus vasculosis, commonly known as wine-marks, fire-marks, etc., consists of one or more spots from the size of a pin-head to one sufficiently large to cover the side of the face. They seem to be composed of a congested mass of capillaries just underlying the epidermis, slightly raised or level. In summer they assume a bright red color, while in winter they are blueish.

It is highly important that these marks should be obliterated, especially in persons of strumous diathesis or who present a history establishing a tendency to malignancy.

Cases have been reported in which numerous nevi were found at the same time with melanotic sarcomata (Jablonskoff), and nevi themselves may develop into malignant tumors, especially after the influence of any external irritation (Benzler).

While it may be purely coincidental, the writer has observed that, in nearly every case of malignant disease he has treated, the patient exhibited a more or less extensive growth of nevi, and, in numbers of cases of small nevi about the face, that remained entirely benign for several years, they finally developed into epithelioma.

For purposes of convenience, with reference to treatment, we shall divide the cases into three groups, according to age, viz.: infancy, youth and maturity,



Never inject more than four ounces at a time into the bladder and always use care in this.—*Med. Summary.*

Severe vomiting should always suggest the possibility of strangulated hernia; make a careful local examination.

and for further convenience, subdivide these as to character of lesion, viz: those that are elevated and those that are not.

According to Hager and other eminent authorities, these marks are due to an overgrowth or overstimulation of the part, and although they are generally considered congenital, they are not always apparent at birth, or if they do so appear, they are usually so small as to oftentimes escape detection, commencing with a spot not larger than the head of a pin, but increasing in size as the child grows, until they oftentimes cover the greater portion of the face.

The reasons, then, for the early removal of these blemishes will become apparent, because we can well understand that the same process that will remove them in the infant will have little effect upon the mature person. We shall, then, consider first the best methods to be employed in the first category—the infant.

These blemishes come distinctly under the head of benign growths, and the chief characteristic of such growths is that when their nourishment is interfered with they retrograde. They are rich in nourishment, having nerves and vascularity galore, and when the supply is interfered with or shut off, they die, as it were, of anemia. Pressure alone will do this, but as it is both inexpedient and unsatisfactory to employ compresses on a child so young, we have to devise some other means. The writer directs the mother to paint the spot daily with a solution of ichthyol in good, strong *contractile* collodion. This may have to be kept up for several months, but the reward comes when the mark entirely disappears. While this process works admirably when the mark is not elevated,

it is not so successful in the raised variety, for which the writer uses the following process:

The child is put to sleep and a well-wetted pad, the size of the hand, is placed upon the abdomen and attached to the positive terminal of a galvanic battery. To the cathode is attached a short needle holder, in which is fastened a suitable needle—generally a long, slim one, from which the temper has been drawn. After the seat of operation has been cleansed and the needle drawn through an alcohol flame, it is passed *almost* through the mark, superficially, and parallel with the epidermis. The amount of current employed depends upon the distance the needle has been inserted, but usually is from $\frac{1}{2}$ to 8 milliamperes, which is maintained until the usual blanched appearance indicative of decomposition is obtained. In like manner we attack every portion that is red, introducing the needle as many times as is necessary for the purpose.

The part is now dusted with boric acid, or other dry antiseptic, and in about a week a dark crust will cover the whole area. This should not be disturbed until it is almost ready to drop off.

If the mark has not been very large, the resultant scar will be almost entirely absorbed in a few months, and even where the surface operated upon has been considerable, the scar will not be very noticeable in a year, because, it must be remembered, that the caustic action of the negative pole is very similar to that of any of the *alkaline* caustics, leaving a soft, pliable cicatrix that is easily absorbed.

Passing now to the second group—youth—it must be borne in mind that



Potter suggests the use of a $7\frac{1}{2}$ grain dose of sodium salicylate to abort a cold; try aconitine, atropine and calcium iodized.

Mays gives capsicum in large doses in the treatment of alcoholic pneumonia; this is a good remedy for quick stimulation.

the lesion is not only of greater area, but has also involved the deeper structures, and while it may be removed by the needle, as described above, the resultant scar is much more dense and not likely to be entirely absorbed. If the mark is not elevated, it is best to employ the following method, which has proven very satisfactory in the hands of the writer:

Antim. tartI part
 Soap plaster.....3 parts
 Green soapI part.

This is spread thickly—1-12 inch—on adhesive plaster, leaving an adhesive edge to facilitate holding it in place. Being placed upon the mark, it is pressed down firmly to insure good and even contact. It must then be frequently examined, and just as soon as active escharotic effects are evident—which is from three to five days—the plaster must be removed and the surface dressed with

Zinci oxidgr. 20
 Cold creamdr. 4

When the surface is healed the mother-mark will have disappeared.

This brings us to the third class, in grown persons, when the mark has still further involved the deeper structures, and making its removal much more difficult. In this class we employ the x-ray, and while the experience of the writer has been limited to two cases, the results in these cases have been all that could be desired. We have also been reliably informed that the x-ray has been successfully employed for this purpose in a clinic in New York City, and while the writer does not claim priority, he had never heard of its being used for this purpose before the treatment of his first case.

If—as has been stated by eminent dermatologists—these marks are due to an overgrowth or overstimulation of the part, and if—as we know—the x-ray sets up some necrotic process in the underlying tissues, then we can see a strong indication for its use.

In making exposures of these marks to the x-ray, the writer always uses a mask of sheet lead, cutting out a window the proper size and using a medium low tube at a distance of eight inches. The first treatments are given daily, from three to five minutes in duration. After the tolerance of the patient is established the time is gradually lengthened to eight minutes and the sittings suspended as soon as an irritation is produced, to be resumed in about one week as before, if the irritation has subsided.

CHLOASMA OR LIVER SPOTS.

Although commonly called “liver spots”—which would naturally induce the belief that the direct cause was in the liver—the proximate cause is altogether unknown.

Ziemssen asserts that they are really connected in some manner with the functions of the genital apparatus, and has noticed that in women suffering from some uterine diseases and affected with chloasma that, with the recovery from the former trouble, the latter likewise disappears. The experience of the writer, however, seems to partially, at least, disprove this assertion because he has treated a number of cases that were either congenital, or appeared at such an early period in life as to almost preclude the possibility of uterine or genital disturbance.

In removing these blemishes the writer has been quite successful by the use of a French process termed “ecorchement.”



Andruss (*Med. Brief*) gave agaricin in two cases of chorea with excellent results; homöopathic dosage.

E. P. Davis recommends the turpentine chest pack in the bronchitis of infancy—long turpented flannel, covered by dry flannel.

This has been employed in the Hospital St. Louis, Paris, for some years for the removal of chloasma, acne and like skin lesions, and, many of my readers will be glad to learn, is almost a certain specific for chronic eczema.

As this process has heretofore been a well-guarded secret and therefore not known to most of the profession, it is here given in full.

The treatment is divided into two parts, the first acting as a dry escharotic, destroying the epidermis together with the pigment underlying, which is replaced by a soft and pliable new one that is without blemish. It takes about ten days, does not destroy the hair when applied to the margin of the scalp, and leaves no scar.

The first part of the process is as follows:

Resorcin	40 parts
Zinci oxid C. P.	10 "
Acid salicylic	2 "
Lard	20 "
Olive oil	8 "

As the writer can trace many poor results to the careless compounding of this prescription, he wishes to urge upon those who would give it a trial, the importance of the intimate intermingling of the ingredients. Rub up the resorcin in the mortar until all the crystals are thoroughly broken down; mix well with the salicylic acid and zinc oxide and *do not* substitute vaselin for the lard.

This is rubbed on the part to be treated twice a day, until the skin assumes a cracked and dry appearance, just as if chapped, which generally takes four or five days, then the part is carefully washed with a sponge and soap to remove any residue of the ointment and,

after being thoroughly dried, is ready for the second part of the process.

This consists of a paste very similar to our old surgical glue and, as the writer has always prepared it extemporaneously, the quantity of ingredients here given are only approximate:

White gelatin	oz. 4
Zinci oxid.	dr. 2
Glycerin	gtt. 15
Aqua bullient	q. s.

This should be prepared on a water bath by first adding sufficient water to dissolve the gelatin, then stir in the other ingredients. It is applied hot, using for this purpose an ordinary paint brush. Before this has had time to dry it should be covered with a sheet of absorbent lint and another coat of the gelatin paste applied over the lint.

In two or three days this mask becomes loose around the edges and may be removed—the dried skin, together with all discolorations, coming off with it.

Chicago, Illinois.

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This is a most important paper. We are sure that every CLINIC reader will read and re-read it till he has mastered the important facts which Dr. Neiswanger has given us. It contains some hints that are worth a great deal to the doctor who is intent upon picking up some of those "loose ends" that are so common in every community—and spell success for the doctor! The man who can treat successfully those intractable cases of acne, chloasma, eczema and nevi, will not have to "go begging" for a practice. We hope to have some more articles from Dr. Neiswanger.—Ed.



Cypress oil is the latest remedy for whooping-cough; the oil is poured on the patient's pillow or clothing.

MacLellan applies castor oil to burned surfaces, first cleansing as well as possible; gauze soaked in the oil used.

Editorial Chat

PUSH AND CONCENTRATION.

IT is well to remember that every man can, to some extent, be what he wants to be. It is not absolutely essential for him to have unusual abilities or wonderful "gifts." The larva of the beetle in a little hole under the bark concentrates his efforts upon gnawing a hole and, before he dies, he has made a tunnel which is many times greater, comparatively speaking, than the New York subway. *Concentration invariably brings success.* If one concentrates his thoughts and energies upon a trivial or worthless subject he will accomplish something trivial or worthless but, just the same, he will have accomplished something.

The man who believes in himself and his work, and who concentrates every faculty upon what he is about, will compel others to accept him sooner or later at his own valuation. If you have been observant, you will have noticed that some men have everyone doing things for them—following them, echoing their opinions, copying their ways. These individuals really may not be superior to those who worship at their shrine, but they concentrate their personality and absolutely *make* people believe that they are "great men." Concentration and force of character go together; no man ever made a success worth while who tried to be several things or who attempted to attain many ends at once, or did not give those about him a fair deal.

There is too much division of force, a lack of dynamic cohesiveness, too much

"shot-gun" work. The physician must, of necessity be, for a while, a man of adaptability—he has to fit himself to surroundings and circumstances; but once he has found his proper place—his sphere, his special adaptability, *metier*, as the French express it—then, if he would win the top rung of the ladder, he must concentrate his efforts to this thing. If he is surgically inclined, with opportunity to do operative work, he must keep his mind, his fingers, and his senses ever upon the surgical whetstone. Let him leave the fields of anatomy, pathology, technique and kindred subjects for others and he will find someone passing him—some man, inferior perhaps in real ability and knowledge but possessed of more concentrative capacity. Only by the most constant attention to minutiae can a man hope to become perfect—or at any rate appear perfect enough to be looked up to as a "leader."

Technique changes constantly; that which was good today is *passee* tomorrow, and it is only the man who was at the front yesterday who *is* there today and who *will* be there tomorrow. He it is, who, watching every move, noting every action, can hope to be among the wearers of the laurel. Find the right spot, concentrate (point) your energies and stick, work with all your might [I am writing this at 4 a. m.] and you will win!

Once in a long while Fate seems to play tricks and we see a man—someone who has never been really seriously con-

sidered—do something which causes the world to stand still with astonishment. “No concentration about *him*,” you will say, but examine closely into the matter and you will find that the man—hare-brained though he may have been in matters generally—gave thought, and constant thought, to this one thing. As a result, almost to his own surprise, he accomplishes something and does it quickly. His concentration was diamond-pointed and was applied with the momentum of great intensity! There may be exceptions to the rule but if there are, they but serve to prove it.

Even at the bedside it will be the practitioner who concentrates his whole energies upon the case before him who will make the clean diagnosis, who will lay down the exact treatment and “bring out his case in good order.” The debonair, talkative, exceedingly polite physician may please patient and relatives best for awhile, but when it comes to a matter of life and death—when a slight mistake may mean destruction—it will be the cool, silent man who percusses, auscultates and percusses again and who takes respiration, pulse and temperature twice, or even three times, who gives confidence and who finally passes the sentence which means everything. It is he who will impress the patient and family with his ability, whose *ipse dixit* will go unquestioned, who will rarely be asked to take cover, and who will rarely suffer the indignity of being dismissed from a case for another as a shifty, forceless, shilly-shally man so often is—and *ought always to be!*

To do things one must know *how* to do them; to know how one must have learned, and to learn it is necessary to give attention, to concentrate the

thoughts and faculties and very personality upon the subject, thing or person he may be dealing with. Be able, do this and the results will be what they should be. You will succeed!

In life, as in medicine, it is the active principle which wins. There can be no better watchwords for success than “Push” and “Concentration.”

Let’s all push to put therapeutics and the real doctor right to the front. Let’s try it for a year!



PROPRIETARY MEDICINES.

From among the many good things in the December *Summary*, we quote the following, with the gist of which we heartily agree:

It is pretty generally conceded, the world over, that every man has a right to have his own opinion and to follow that opinion so far as he chooses, *unless*, in his enthusiasm he begins to transgress upon the inherent rights of other men, or to attempt to prevent other men from exercising the prerogative he himself claims. This axiom of liberty should hold just as logically in medicine as in politics or religion, and this is the principle we believe in following. There has been a great “hubbub” over the matter of using proprietary medicines. Personally, we use them when we wish to. However, a certain element in the profession will not use them, and in taking this stand they are only assuming what we concede as their right and privilege; *but*, they go farther and attempt to keep others from using them, and indeed are contemplating an effort to annihilate the proprietary remedy from the face of the earth. It is easy to show that such action would be a misfortune to medicine, for there are certain proprietary medicines which cannot be duplicated either in effect, appearance, or elegance, by extemporaneous preparation in the most expert hands.



Heinrich Stern (*Med. Standard*) finds calcium carbonate the best remedy for diabetic coma; given by mouth or rectum.

Davenport says (*International Clinics*) that antelexion, especially with conical cervix, is the most common cause of dysmenorrhea.

There is an association known as "The American Association of State Medical Journals," and at the last session held in Atlantic City, last June, the following principles were proclaimed: (a) No journal of this association shall accept an advertisement of a medicine which is not ethical, and "ethical" shall mean that the product advertised shall have published with it not only the names of its constituent parts, but also the amount of such constituents, so that a definite dosage can be determined. Further, such product must not be advertised to the laity. (b) If a product is marketed under a copyright name, the manufacturer shall furnish with it the proper chemical name, and if not patented, then also the process of manufacture. (c) All advertisements not covered by the above paragraphs, or which contain extravagant or improbable claims, shall be submitted to the executive committee for approval before they can be accepted.

It is well known that few of our "State" journals have a phenomenally large circulation; in fact, it is admitted that very few of them have many *bona fide* subscribers who voluntarily pay their subscription price. These journals are kept up by the funds taken from the treasury of the fostering State society. Such journals could continue to exist if they never printed an advertisement; if they never announced anything new; if they were solely made up of clippings from other journals; if they never entered a name on their subscription list outside their own State society; but, what excuse would they have for living. Of what benefit to medicine or to progress in medicine would they be when so emasculated?

A certain man has, by long extended experience, discovered some special manner in which certain drugs can be combined so as to exhibit special virtues in palatability or therapeutic efficiency. He offers his preparation at a fair price. He tells what enters into its composition. In some instances he names the amount of each individual ingredient. Has not this man a right to the fruits of his toil? Has

he not a right to keep his preparation before the profession by advertising? The Association of State Medical Journals would deny this right. Very probably, if the proprietor of this combination were to state "the process of manufacture," few, if any pharmacists could duplicate his product. In some cases special machinery is required; in others an amount of time is consumed in combining, ripening, filtering, etc., which would drive any pharmacist to despair, drink, or deceitful manipulation of the ingredients, and the result would fail to represent properly the virtues which the preparation should embody.

The vote was not taken on the principles which The American Association of State Medical Journals proposed, and the matter was held over until the meeting to be held in Portland next year.

As an editor, we believe we have the right to accept such advertisements as may appeal to us as likely to accrue to the benefit of the medical profession, and as a practitioner of medicine we claim the right to employ any agent or combination which seems to us to be indicated in the treatment of any given case.

In one essential particular Dr. Andrews is wrong, while, if he had put the word "secret" before "proprietary," reading, "*An effort to annihilate secret proprietary remedies*" [would to God we could do it], he would have been right. To his question, "Has not this man (the manufacturer) a right to the fruits of his toil?" we most emphatically answer yes! but not to practice medicine for the doctor. We prefer to do a little thinking ourselves.

As to the State Journals, we are deeply interested and with the real foundation idea we are fully in accord. As to whether the mesh of their sieve is too fine or not we will wait and see; but this we do know, we stand for that which will elevate the medical profession, for that which will give them their just dues and



In bronchopneumonia Solis-Cohen gives small doses of amyl nitrite, ammonium carb., strychnine and quinine.

Silas Hubbard (*Med. Brief*) attributes rhus poisoning to the transfer of a non-volatile substance through the medium of insects.

for nothing else. As best results only mark the high notch in the scale by which we should judge, so absolute freedom of choice should be held to be the inalienable right of the doctor: The Smallest Possible Quantity of the Best Obtainable Means to Produce a Desired Therapeutic Result.



THE ARTIST'S SECRET: THE WAY TO SUCCESS.

There was an artist once and he painted a picture. Other artists had colors richer and surer, and painted more notable pictures. He painted his with one color; there was a wonderful red glow on it and the people went up and down, saying, "We like the picture, we like the glow."

The other artists came and said, "Where does he get his color from?" They asked him and he smiled and said, "I cannot tell you;" and worked on with his head bent low. And one went to the far East and bought costly pigments, and made a rare color and painted, but after a time the picture faded. Another read in the old books, and made a color rich and rare, but when he had put it on the picture it was dead.

But the artist painted on. Always the work got redder and redder, and the artist grew whiter and whiter. At last one day they found him dead before his picture, and they took him up to bury him. The other men looked about in all the pots and crucibles, but they found nothing they had not. And when they undressed him to put his grave-clothes on him, they found about his left breast the mark of a wound—it was an old, old wound that must have been there all his life, for the edges were old and hardened; but Death who seals all things had drawn the edges together and closed it up.

And they buried him. And still the people went about saying, "Where did he find his color from?" And it came to

pass that after a while the artist was forgotten—but the work lived.

—*Olive Schreiner.*

What a lesson there is in this little story! The story of those other artists who failed is the story of human nature, of the effort to win success merely by imitation—and yet, somehow, such efforts always fail. The artist went quietly along with his work, suffering doubtless from envy, misrepresentation and abuse, but never deviating from the fixed purpose of his life. And all the time he was drawing, from the bleeding wound in his chest, his heart's blood and putting it into his great work until it became at last—*himself*.

It is not enough to be merely *like* some successful man, to counterfeit his work or imitate his talents or his personality. If you would achieve something really worth while you must have ideas and ideals of your own, and you must be willing to pay the price of success—which is *always* one's heart blood. Nothing really valuable ever came to a man without travail of body or agony of mind. To succeed, a man's energies must be centered upon his work; it must absorb his life, even to the exclusion of ordinary pleasures, and out of it, as his greatest reward, he must draw the supreme satisfaction of creation; and he must love his work. Get rid of the idea that success depends upon luck or upon genius; the former is a delusion, the latter almost a negligible thing. Success depends upon the capacity for work, and a love for that work—putting your whole heart into it.

The doctor, more than any other man, must give his heart's blood for success. In the battle to save life he must tap



Treating of scarlet fever and diphtheria. R. J. Smith (*Mcd. Brief*) says that as a stimulant brucine acts beautifully in children.

Please, Doctor, Lizzie's got the mumps; and mother wants to know how much you'll give her to spread it all over town.

the wound upon his chest and draw therefrom the pigments which will vitalize with the flush of health the pallid form of his patient, and the pigments are work—infinite, eternal, consuming—and the love for work that comes of fitness and preparedness. Doctor, success in your profession depends upon what you put into it far more than upon what you get out of it. Put in some of your heart's blood!



THE LATEST BUG-A-BOO!

One of the most distressing features of the present discussion as to pneumonia, its prevalence, incurability, etc., is the effect the pessimistic statements of many writers may have upon the average doctor. The "scientist" and "literary sharp" fill the journals with long, technically-worded articles tending to prove that pneumonia is beyond the reach of medicine. The men who write these articles, often at least, are not in general practice; many of them have gleaned such knowledge as they possess about the disease from books and lectures.

Others are "big men" in hospitals and we all know what kind of "timber" they have to work with. We also know just how much individual attention the "big man" pays to a hospital case. He treats pneumonia in the abstract (and by the dozen!), trusts the carrying out of his instructions to others and forms an opinion from the net results. That isn't the right way to understand pneumonia—or any other disease. The man who knows what to do—the man who *can* cure pneumonia—is the one who sees case after case of it every year; who watches every phase of the malady, not

in one patient but in men and women of all ages and classes, and in well kept or poorly fed children. In one case he sees the beginning of the attack; in another he is called when the patient begins to spit "prune juice," and takes charge of a third patient when life is almost extinct. To a man like this, pneumonia is no puzzle.

He recognizes it as a disorder that calls for all his skill and realizes that a certain percentage of those attacked will die—just as people must die from other diseases. But he knows the symptoms which are inevitably present and has learned how to meet them; he has found out that he must sustain his patient's vitality, render him therapeutically "clean," and either prevent or relieve as rapidly as possible the congestion and hepatization of the lung. He accepts, as the probable cause, infection by the pneumococcus of Frenkel, but doesn't let the bacteriology of the subject bother him a moment. He knows that this germ and others are present in nine out of twelve people's mouths and nares and that, given inflamed bronchi, the presence of abnormal secretions and some derangement of vitality, exposure to unfavorable atmospheric conditions is apt to result in pneumonia.

He also knows that this disease, like the measles, is "always with us," but that in certain seasons, when vitality is lowest, the malady is more prevalent. All this and more the average practitioner knows and, if he be a student and really a *physician*, he treats his cases according to the conditions which he finds in each, and therefore cures a large proportion of them. The young man reading the dismal productions of the journal writers gets into a blue funk when confronted



Minnesota has proposed a cocaine law, restricting sales to physicians' prescriptions and requiring reports of sales.

The cocaine laws are bearing fruit, in prosecutions and fines for those selling this drug to users without prescriptions.

with a case of pneumonia and from very fear lets the patient die. The experienced doctor who knows what to do, does it and makes no bones of the matter either; he isn't worrying about the "unstayable ravages of pneumonia" for the simple reason that he stays it by using common-sense treatment. There are many bug-a-boos in medicine and this is one of the latest. Don't let it scare you!



RHEUMATISM—YOUR EXPERIENCE. PLEASE.

We learned so many interesting things from the discussion of malaria which ran through several numbers of the CLINIC, that we want to get a similar expression of opinion concerning rheumatism. There are few diseases which present more points of interest than this. Neither its cause, nor its pathology is very well understood as yet, and there is a wide difference of opinion concerning the best method of treating it. We are sure that if the problem is taken up by the CLINIC family we shall all get a wealth of good things out of the discussion. Here are some of the questions concerning rheumatism that we would like to see answered:

Does it occur in epidemics or have you any reason to believe that it is contagious or caused by a germ?

Do you believe, from your personal experience, that uric acid or similar bodies play a part in its causation?

What is the influence of meat eating or vegetarianism upon its production?

What influence has intestinal indigestion in the production of rheumatism; or what torpor of the liver?

What unusual expressions of rheumatism have you observed; for instance,



Remember that headache may be organic—due to meningitis, brain tumor, brain abscess or trauma, brain syphilis, etc.

have you noticed any connection between sore throat, eczema, chorea, asthma and rheumatism?

Does the salicylate treatment give you complete satisfaction in your cases? How about late cases?

How do you like colchicine and how do you give it to get the best results?

Who has had experience with rheum. tox. or other agents? What are the indications for the different antirheumatics?

Tell us your experience with the uric-acid eliminants.

What is the difference in treatment between acute and chronic rheumatism?

These are merely suggestive. The main thing is to write us your experience. Doctor, do it please, and do it now!



THE LITTLE THINGS WHICH MAKE ONE GREAT.

As a man grows older, as he gains experience and attains knowledge, he realizes that it is the little things which count. Just as the everlasting pyramids were built up at the cost of an army of men's lives, block by block, into a wondrous and time-resisting whole, so the success which is great enough to endure is made of little things well done.

No man has attained fame who did one great thing and one only. Such a man "may be heard from," as we express it, may occupy the attention of a generation, but the men whose names live are those who did much—did something better than anyone else. We cannot all hope to live forever on the roll of fame but we can by attention to little things attain perfection along our own lines,

Headache of meningitis usually constant and boring, diffuse, with fever; vomiting, photophobia and stiffness of neck.

can make ourselves better than our competitors—superior to our rivals.

The young physician whose sheepskin still rattles in its case hopes to do a laparotomy the first week of practice; his instruments for ovariectomy are keen and bright and he yearns to report a series of cases to the local society. He would do great things all at once. And if he attempts to do these things; if an unkind fate places victims in his hands, he fails—fails because he has yet to learn technique. His mind has been so engrossed with the great operation as a whole that he has forgotten to perfect his sense of touch, to acquaint himself with the minutiae of the operation. His sutures are poorly placed; his ligatures are tied improperly and his asepsis is faulty.

The man who does laparotomies daily is one in ten thousand; to him come the cases which need this operation. He began with little things, with minor operations, such as lancing felons, opening carbuncles and suturing wounds. A natural gift or the power of concentrating his faculties made him successful and little by little he became a great abdominal surgeon. But after all, that is *all* he is. He has concentrated his abilities, "bunched" every talent, and he probably could not relieve a croupy baby nor cure a case of eczema to save his life.

The average doctor must perfect himself in little things. It is these he will meet twenty times a day and the big ones if they come his way will be turned over to someone else. We cannot all do everything; but we can all do the things we set out to do *well*. Learn to give an enema properly, to pass a plug into the posterior nares, and to intubate a croup strangled child. Perfect yourself

in the handling of a hypodermic needle and don't stab your unhappy patient in a vein or nerve. Take opportunity by the horns and when you get a case of "piles," study them and with care and thought inject one; but don't do it till you are sure you have studied out the technique thoroughly. The first thing you know you will have two to ten cases of hemorrhoids a month to treat. Make a blunder at first and you will never get another victim and will write to the journals that the injection method is a fraud—which it isn't.

The same thing applies to hernia. You can cure nearly every case of inguinal hernia (and some femoral) by the injection method. It is as easy as eating—when you once know how. But the little details want attention. Before you operate, invaginate your own scrotum and put your finger into the inguinal canal. Feel the tissues and get acquainted with the direction of the internal ring. See that your needle is sharp and when it is through the tissues prick your own finger to make sure it is in the right place. Don't hurry, run the needle up to the internal ring and then eject the solution. Afterwards see that the truss fits (put it on yourself) and keep the man in bed two days. Examine and inject again lower down the canal.

In short do things as they should be done—as they are done by those who succeed and you too will be successful. Remember one thing: You have chosen to be a general practitioner and therefore it is the little things which you will have to treat first; learn to treat them by the most approved methods and if you set yourself to do so you can do each thing as well as (or better than)



For headache of meningitis try ice bags to head, leeches, wet cups and other counterirritants to neck; morphine for pain.

Brain tumor causes slow, paroxysmal, boring pain in head; often worse at night; ophthalmoscope shows "choked disc."

the other fellow. Probably you will be able to do some one thing extraordinarily well; if you will look matters up you will find that this is the thing to which you gave most attention. Study the little things Doctor if you would be fitted to do the greater.



OUR "NOW AND THEN" BEST FRIEND.

The "kicker" wrote me the other day that aconitine was "no good." He had tried it in several cases of fever from acute indigestion with coated tongue, etc., etc., and it did not do business. Of course not! He had neglected to clean out the alimentary canal and stop autoinfection. I told him to do this; he did it. Presto, change! He now says there's nothing like aconitine. Doctor, if you are not up on this point take a tip from this. It is always safe, and usually the wise thing to do in the beginning of all sickness, to clear out and disinfect the digestive tube. It never can do any harm and usually does good; other necessary treatment being rendered more promptly efficient and more satisfactory in every way through the adoption of this expedient. Coal-tar derivatives will cut down fever of any kind but they always depress the vital forces commensurately, while at the same time *they do nothing towards removing the cause.*



FOR THE SINGLE AIM.

There lies before us a page torn from a journal that has so many things in it that are good for the doctor, that we are going to take an hour to talk to him about it. This everlastingly driving at you about drugs and diseases at times

gets tiresome to us and presumably to you. Now we are going to talk to *you*, not the doctor; to your Ego, not to its clothes.

"Focus your ability upon one point until you burn a hole in it." When we read Goethe's autobiography we ask ourselves if any man now could successfully direct his activities into so many channels and not fritter away his life. By considering as many things as possible one broadens his views and renders his mastery of any single topic more comprehensive; but in his work he must concentrate; he must withhold his footsteps from many an inviting path and hurry along the chosen one. Side lights are useful; but the beacon light ahead is more important. Do one thing thoroughly, rather than a dozen things in a slovenly manner. Study one case to the uttermost limit of the possible; and you will learn more than some men do from ten years' practice.

"The best way to keep a gun from scattering is to put in it but a single shot." If your study of a case is complete you will recognize the principal deviation from normality; and if you know your therapeutics you will select the one remedial agent that will restore the physiologic balance, and administer it until that balance has been attained. Possibly you may see indications for more than one remedy; if so, give all that are needed; but do not give a whole group that are suitable for the various maladies of the part affected in the hope that one of them may fit the condition present. This is disgraceful guesswork, born of ignorance and laziness; and inexcusable now that more accurate knowledge is within the reach of the physician. The publication of the volume on Alkaloidal



For the headache of brain tumor it is necessary to resort to analgesics and counter-irritants; potassium iodide sometimes helps.

The pain of cerebral abscess is usually localized; very severe and worse at night; fever and chills; history of injury.

Therapeutics has placed a new obligation on the physician, for it has made it possible for him to secure accurate information as to the true action of these remedies. We can not make him study it—his own conscience must and should and we hope will do that.

"Genius is intensity. Digression is as dangerous as stagnation. He who follows two hares catches neither." It is not given to every man to see the one essential point in each case; most of us have to learn by hard knocks and mistakes for which we blush in after times. We prefer the definition of genius as a "capacity for taking infinite pains"—that suits us at any rate, for we have never learned or acquired except by hard work. But singleness of purpose is everything. We rarely hit a duck when two rise close together for we almost invariably fire between them in an attempt to get both."

"Field crossed the ocean fifty times to lay one cable." The man who fails is the one who will let himself be beaten. We are never beaten till we cry enough. Perhaps it is the discipline of defeat that beats into our heads the sense that finally wins; for the most successful men are those who fail a number of times before success finally comes to them. When the spoiled darling of fortune does fail he rarely gets up again—it is an experience that he has not learned to handle. How often we tackled that dread of the city, cholera infantum, before we learned to manage it. It is the man who has the force to get up and take another try at it, who finally gets there.

"Grant said: 'I will fight it out on this line if it takes all summer.'" And no man ever came up against a harder proposition than he—Lee and his sea-

soned Virginians. But there is virtue in grim, dogged endurance; and the lesson has aided many a man since to win.

"In thirty-six years Noah Webster wrote but one book. But that will be remembered." We don't care whether we shall be remembered or not; that bee is not buzzing in our bonnets, but we do hope that some few doctors will be able to say that we aroused them to labors that made them better doctors, that enabled them to save some lives, to lessen the vast mass of human woe and to mitigate a little the burden of human wretchedness. We don't care for any post mortem bouquets. No flowers, please. Send them to the shut-ins. Just let us know when you see a chance for us to do better work ourselves, never mind the hurrahs, and add your mite to the making of better doctors.

"It is the single aim that wins." But let that aim be at an object worthy the consecration of a lifetime of devotion. Take aim at the loftiest mark within your range. Don't bother over the "dickey birds having no breeches."



TOXEMIA AND NASAL DISEASE.

We have been reading lately the last edition of Dr. Seth Scott Bishop's admirable book on Diseases of the Nose, Throat and Ear. One fact that struck us was the importance which he gives to systemic toxemias in the causation of the different diseases of these important localities. The recognition of this fact—that nasal and pharyngeal troubles are not simply local conditions to be treated only with the knife or the cautery—is all the more gratifying because it comes from a man whose eminence in his specialty can not be questioned.



The headache of cerebral syphilis is usually constant and worse at night; somnolence and some periodicity.

If there is abscess of the brain the only successful treatment is to go after the pus; give calcium sulphide,

Dr. Bishop was one of the first, if not the very first, to show the relation of uric acid poisoning to hay fever. Accepting Haig's theories he applied them to the treatment of this disease with gratifying success. Investigation showed that during attacks of this disease the proportion of uric acid to urea in the urine was greatly increased. The administration of acids caused the removal of the uric acid from the blood and relief followed. On the other hand alkalies given at this period served to precipitate the attacks. As a preventive measure, again following the precepts of Haig, he found that, as a preparatory treatment, ridding the body of uric acid through the urinary tract could be effected with the lithia salts, salicylates and by various alkalies.

In other forms of nasal and pharyngeal disease Dr. Bishop finds other expressions of uric acid or rheumatic taints. The treatment addresses itself to these, as well as to the general circulatory disturbances and to the local condition. Needless to say it is generally successful. The book deserves special commendation because it treats of diseased conditions in the patient as a whole—gets beyond a nasal spur or an enlarged tonsil and seeks to find the causes for things. For this reason it is a splendid book for the general practitioner. Many a misunderstood condition can be made clear if we will search for a toxic cause. The poison may come from or be formed in the intestinal tract; it may be a retention product due to faulty elimination; or it may be some peculiar expression of poor metabolism. But be sure it is not there, in some form, before you try to stick a pin in your disease and file it away as a peculiar "specimen."

While Dr. Bishop is a specialist of world-wide repute in the branches named, he is something more—a physician, who is aware of the existence of other parts of the human body besides those to which his special practice is devoted. Moreover, he demonstrates the necessity to the specialist of this general knowledge, for he shows how the conditions of the system at large react upon the special organs. Maladies of any organ may have their origin in toxic conditions of the blood, derived from the bowels or elsewhere; and he who treats the local ailment without reference to the general problems of digestion, assimilation, elimination, physiologic equilibrium in a word, is but a poor and limited sort of a specialist. But this Dr. Bishop emphatically is not, and no small credit is his for the example he sets his colleagues in taking this broad view of his subject.



"CRANKS," "SNAKES" AND "LIARS."

A peculiar trinity, and, you may say, not an apt one. The "crank," in the ordinary acceptance of the word, is a harmless individual whose ideas revolve around one point—an individual who *may* accomplish things, since he belongs to a class which does, after all, "make the world go round." The "snake," especially he of human form, is certainly a fit mate for the "liar"—indeed the two are often found under the same skin—but certainly these two and the *decent* "crank" should have nothing in common and, therefore, should not be captioned together as above.

Ordinarily this would be an excellent argument, but, here, we wish to deal with three varieties of individuals who alone



Syphilitic headache will yield to antisyphilitic treatment; the iodides are usually given in very large doses.

Remember that epileptic attacks are often preceded by severe headache, and that this may even take its place.

and conjointly work much harm in and to the body medical. And as it will develop, the two worse units could not exist were it not for the tolerance of the less obnoxious one.

Beginning at the end for convenience of exemplification, let us point out that the "liar" is the substitutor, he who gives the doctor "something just as good" as some really meritorious thing for the sake of the additional profit there is in it. He knows, when he substitutes, that he is lying, that the miserable concoction he offers is a fraud and a delusion; he knows that human life often rests in the balance, but he is "after the money," and, if a lie or two will bring it his way, why, the lies must be told; told, moreover, with infinite attention to detail and a wealth of corroborative evidence.

But, after all, the "liar" usually is found out and, while he may flourish for a while, like the omnipresent jimson weed, like that weed, he finally gets discovered and rooted out. Unfortunately there are many of the breed and, as a result, we find today that every really good thing has its imitators, every useful and reliable article is counterfeited. The doctor, especially, is victimized by the substitution "liar." He discovers a good remedy and prescribes it; sooner or later he finds that his patients do not progress under its exhibition, as they did formerly. Investigation will reveal the fact that he has been getting "something just as good," but, while he (or his patient) has been paying the price of the genuine article, the vendor of the spurious article has been making just twice the profit by substituting. The patient suffers in health—perhaps loses his life—the doctor in reputation, and the only person who benefits at all in the whole transaction is

the "liar," the substitutor. Beware of him, Brother, and all his works. There are enough honest pharmacists to serve your every purpose, men of honor and sterling worth, men you can safely trust; tie to them and cut the others out.

And the "snake?" He is, if anything, worse than his kinsman, the "liar." In this instance he is represented by the vendor of alcohol, disguised as a "medicine;" of morphine or cocaine or other deleterious and brain-destroying drugs offered the public as "panaceas for pain." The "snake" of the medical world gets in his work steadily and without cessation. He first poisons a man and then offers an antidote which finishes his destruction—slowly, it is true, and only after considerable outlay.

The medical "snake" doesn't kill quickly; he first of all hypnotizes his victim into imagining himself ill, and then offers him a "sure cure" for his malady. It matters nothing whether the supposed ailment be catarrh or lost manhood; the "snake" has a remedy for either, and, when the victim has swallowed all he can pay for he is offered something cheap and "bracing," which is sure to "make a new man of him," even though his stomach has gone back on him, and he "hawks and spits," has "a bad taste in his mouth," and possesses every one of the "symptoms" which we find humanity afflicted with in the patent medicine advertisement.

The "snake" always *did* charm weaker animals! That he still does so is evident from the testimonials which are written for the rum-remedy vendors by white-haired parsons, misnamed statemen and unwise jurists. That men of supposed intellect should pen the absurd and fulsome letters which are printed by scores



Glonoin, if given during the preconvulsive stage of epilepsy, will sometimes prevent the attack; keep this in mind.

The headache of arteriosclerosis is dull and throbbing and may awake patient in early morning; do not confuse with neurasthenic.

in the lay press (at so much per line) is only explicable by supposing that the rum-remedy has finally acted upon their brains, as rum in its straight form acts upon the brain of the sot!

The "snake," then, is an ever-present danger to the community; the sooner he is scotched the better for our welfare and that of those who are dear to us. Everyone cannot be a doctor; everyone cannot even be well-read and "posted" upon therapeutics and hygiene, so it is not to be wondered at that the American man or woman of today, living at high pressure, should easily be impressed by the skilfully-worded printed matter of the nostrum-reptile. Once impressed, and believing that they have the symptoms described (and the list is so skilfully drawn up that *everyone* has some one of the abnormalities described) the most natural thing in the world is to buy a bottle—and once that is done *the rum does the rest* and the victim pays tribute till he either dies or is saved by some wiser or medical friend. The "snake," Brother, should be hit whenever and wherever you see his head—or his tail, for that matter—and that is pretty much everywhere!

Finally, the "crank" merits attention. Is it not safe to consider the man who, possessed of education and knowledge along medical lines, yet allows himself to be gulled into using secret nostrums and patent preparations, a "crank"—and a crazy crank at that?

Isn't the doctor who writes open prescriptions, who allows the pharmacist to give him whatever he pleases, who fails to specify what he wants *and sees that he gets it*, a "crank" and a dangerous crank at that? Isn't the man who makes a

living in a certain manner and who allows someone else to deprive him of that living a "crank"—and a *very foolish* crank, too? We wot, yes! Is it not, moreover, a fact that both the "liar" and the "snake" would find it impossible to exist were it not that there are so many "cranks" alive and supposedly practicing medicine today? Isn't this an incontrovertible and unanswerable *fact*, Brother?

If every doctor did his duty; if he studied drug action and gave some care to diagnosing; if he used only the best preparation of each drug obtainable and refused to order or administer anything the composition of which he did not thoroughly comprehend, where would the "liar" come in? If the doctor educated himself thoroughly first, and then educated the people, where would the "snake" find a living? If each decent practitioner refused to admit to his home any publication which carried in its columns the lying advertisements of the rum-remedy people and, if he influenced his friends to do the same thing, how long would those advertisements be printed? If the doctor—as a class—was determined that no fraud should take away his rightful living, would he allow these publications to exist if he could prevent it? Not much!

Therefore, at the end of it all, the "snake" and the "liar" prey upon us because of the plentitude of the "crank!"

Moral.—The "liar" *may* tell the truth (but we don't believe him); the "snake" *can* shed its skin (but he's a snake all ways), but the "crank" *can turn either way*. Suppose he *does* reverse his present position—wouldn't it be a blessed thing for everyone concerned?

Won't the "crank" please turn!



The headache of arteriosclerosis is increased by movement or excitement; maybe vertigo or fainting fits; hard pulse.

For arteriosclerosis keep the pulse soft with glonoin or aconitine; regulate habits, diet, elimination; use iodides.

GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

DOSIMETRIC PRACTICE IN EMERGENCIES.

GOING to a remote corner of Brittany last August to stay a few weeks with a friend, Dr. Borchon remembered that there was neither physician nor apothecary in that vicinity. He took therefore a medicine case with him, in which he had the compound granule against painful spasm (the antispasm and pain granule, consisting of strychnine arsenate, hyoscyamine, and morphine hydrochlorate), the granules of camphor monobromate, hydroferrocyanate of quinine, dosimetric trinity; brucine, sulphydral (our calcium sulphide), and a bottle of seidlitz, or saline laxative. It was fortunate he did so, for hardly had he arrived, when he was told that there was a severe epidemic of whooping cough in the neighborhood by which all the children were affected. It was feared also that the youngest boy of his friend's children had a touch of this evil affection.

Dr. B. looked, therefore, at once for his calcium sulphide granules. And while he did so the characteristic cough of his friend's five-year-old boy unmistakably announced the presence of pertussis. The doctor made him take a granule of calcium sulphide, and ordered this dose repeated every half hour, also giving a granule of camphor monobromated. The boy had three character-

istic coughing spells in the twenty-four hours.

The next day the boy had seven coughing spells with mucous, stringy expectoration and the characteristic wheezing. On the third day there was vomiting, together with the coughing spells, which brought up the child's noonday meal. He had seven spells; no fever, but the taste and the decided smell of the remedy became unpleasant to the little fellow, with which he now seemed to be saturated, and that might have caused the vomiting up of his food. The same granules were continued but at one hour intervals. The same treatment was continued and in twenty days the child was cured. The other children were also prophylactically put on calcium sulphide, ten granules a day.

The effects of the calcium sulphide were: (1) That as soon as the patient was saturated with the remedy, the coughing spells diminished in number, and in this case on the fourth day; (2) in the prophylactic cases the remedy prevented the infection; (3) the duration of the disease was shortened to, at least, one-half compared with that of other children in the neighborhood whose coughing spells, too, were from fifteen to twenty per day.

Another case. The third day after Dr. B.'s arrival he was urgently re-

quested to see a patient with the following history. The man was seventy years of age and a veritable giant. He had worked in the field and just when quitting work and going home he lifted a very heavy weight. It was about 4 p. m. He dragged himself home the best he could, suffering intense pain, and went to bed. He told Dr. B. he had had a large inguinal hernia for the last thirty years. The man's features were changed, his eyes sunk, and the pain was intolerable, and all over the abdomen. The abdomen was distended, and soon there was vomiting, first of food and after that of bile. Hiccough and sub-normal temperature complicated the case still more, and it was plain that he was dealing with a case of strangulated hernia. Taxis gave no results. Dr. B. administered at once the antispasmodic combination of hyoscyamine and sulphate of strychnia, a granule of each every fifteen minutes.

At the ninth granule the hernia reduced itself of its own accord, in a few seconds. All the symptoms disappeared little by little, and the next day the patient rested, as a precaution, but the day after that he went to work in the field.

Were it not for this antispasmodic combination of remedies this patient being far away from any help and afflicted with a disease in which every instant counts, he would certainly have been operated upon too late.

A case of hepatic colic. The doctor was called to see a patient at 10 p. m. and found a woman, forty-two years of age, in great pain, rolling about on her bed, as she said since eight o'clock in the evening. The pain started from the

liver and was accompanied by chills, nausea and vomiting of food and bile. The abdomen was swelled and painful to the touch and in the hepatic region palpation was impossible on that account. There was some oppression, but temperature was normal. No heart and no respiratory trouble. The pain extends down to right lower extremity and from the scapula to the shoulder. The symptoms pointed to an attack of hepatic colic, very painful for the last hour and a half. The patient says this to be the fifth or sixth attack the last six years, and it lasts each time a day or a day and a half and is relieved by a hypodermic of morphine. The doctor had no Pravaz syringe with him, but alkalometric practice served him and the patient in good stead.

The indications were clear: (1) Promote the passage of the calculus, and, (2), quiet the hyperexcitability of the biliary mucosa, and the spasm of the biliary passage.

There was a good quantity of linseed meal and of this the doctor ordered a large very hot poultice over the right side. For the pain and emesis he ordered one granule each of morphine hydrochlorate, hyoscyamine, and strychnine sulphate every quarter of an hour till calmed, then to be stopped at once. About seven o'clock the next morning the patient fell into a deep sleep. She took eight doses. The hepatic region is still sensitive. A large dose of saline laxative was ordered.

On the doctor's return to Paris he sent the patient a combination of granules which relieves her much more quickly than during her former attacks, which left her sick for a week at a time.



Remember that arteriosclerosis is prone to attack the brain, kidneys and heart; watch these points and treat accordingly.

Headache occurring in nephritis is due to uremia; often associated with nausea or vomiting, and with other nervous symptoms.

Naturally she had unbounded faith in this remedy, with which she has provided herself for the future.



A SYMPOSIUM ON ARTERIOSCLEROSIS.

(Continued from last month.)

Erb of Heidelberg, spoke at the same meeting on *Dysbasia angiosclerotica* (difficulty in walking from vascular sclerosis; intermitting limping). This difficulty presents a very important picture preceding arteriosclerotic gangrene. The disease is easily recognized, the most important part of it consisting in a complete or partial absence of the foot pulse. The arteries are never completely obliterated, some slight lumen always remaining. This disease occurs almost exclusively in the male sex.

The Semitic race is, according to the speaker's observation, which differs from others, not specially predisposed to the disease. Antecedent syphilis was found in only 22.7 per cent of the cases. Alcohol does not seem to predispose to this disease specially, but tobacco has a considerable influence to predispose to it. Many of the patients were excessive smokers. To the injurious effects of tobacco speak the prevalence of the disease in Russia and to the almost total absence of it from the female sex. Changing thermal influences on this disease seem noteworthy to the speaker. How these injurious effects result in producing the picture of this disease is not clear. It is possible that vasomotor influences play a part in this.

Erb of Heidelberg reported experimental production of arteriosclerosis in lower animals. He, together with Prof. Nissl, were induced by some French pub-

lications to try injections of adrenalin in rabbits. He injected three drops of a 1 to 1,000 solution in the aural veins of rabbits for six weeks. At the end of that time the rabbits were killed and the necropsy showed diffuse, studded thickening, or small pouchings which were calcified, while the rest of the organs were healthy. [The author is not reported to have said what was so affected, but he must have meant the blood vessels.] In one animal the adrenalin doses were increased. The necropsy showed apoplectic foci in the brain, great changes in the aorta and body arteries.

Groedel of Nauheim spoke of the value of *blood pressure measuring* in the treatment of arteriosclerosis. High blood pressure always excites suspicion of arteriosclerosis, although it is not present in every case of this disease. The speaker referred to the large material at his disposal, and showed that the blood pressure in arteriosclerosis is raised only when there is contracted kidney at the same time. Therapeutically the speaker recommended regulation of the patient's mode of life, avoiding everything that might cause frequent fluctuations of the blood-pressure. Iodine certainly does not produce depression, nor do the nitrites. When there is cardiac insufficiency the speaker gave digitalis in small doses continuously, even when there was increased pressure, and with good result. The speaker recommended massage, baths, gymnastics properly and methodically used. Patients with cardiac insufficiency who find no relief from any remedy he advises to go to a watering place.

Bahrds of Leipzig spoke of *arteriosclerosis and life insurance*. Observations in Leipzig life insurance companies show frequent deaths from arteriosclero-



Headache of nephritic patients a dangerous symptom; eliminate freely and rapidly; hydragogue cathartics; induce sweating.

Headache may be a symptom of chronic alcoholism; often associated with insomnia and tremors; history establishes etiology.

sis, and the number would be still greater if there were added the fatalities from diseases conditioned upon arteriosclerosis, such as cardiac apoplexy (embolism of the coronary artery), part of the chronic heart diseases, cerebral apoplexy, etc. The frequency of the cases correspond exactly to the age classes. Arteriosclerosis seems to have increased in the last two decades. The mortality amounted to 22 per cent (in 11,093 cases) in the last eleven years, while the mortality of tuberculosis is only seven per cent in all deaths, and is decreasing in all age classes.

Hoppe-Seyler of Kiel spoke of the *Changes of the Pancreas in Arteriosclerosis*. He reported sixteen cases, six of which were decided cases of glycosuria. The arteries showed such changes in their walls as might result in thrombosis and obliteration. In diseases of the blood vessels, and especially in arteriosclerosis, we meet with proliferation and shrinking of connective tissue in the pancreas, irregularly distributed, which penetrate between the acini making them to dwindle away, and involve the islands of Langerhans in the same process. Frequently there is with this a gradual development of diabetes mellitus, and the gravity of the disturbance of the saccharine katabolism corresponds with that of the pancreatic diseased condition.

Savill defined Arteriosclerosis, before the Pathological Society of London, Feb. 16, 1904, as a chronic general thickening, or degeneration of the arterial wall, by which it becomes hard and less elastic, and the lumen of which appears much widened post mortem. We can distinguish three forms of arterial sclerosis, viz.: sclerosis of the intima, of the media and of the adventitia. The last

two take place often when the muscular layer becomes diseased. Atheroma is a distinct disease and must not be confounded with sclerosis of the intima.

As a result of Savill's examination of 400 individuals who had died after sixty years of age he comes to the following conclusion: (1) Circumscribed atheromatous degeneration of the intima is compatible with long life, and may remain altogether latent. (2) The same is true with extensive sclerosis of both intima and adventitia so long as the media remains relatively free from hypertrophy, or other disease and there is no disturbance in the relation of the heart to the blood vessels. Otherwise even slight diseases of the media may cause great sufferings. The morbid changes in the muscular layer are to be grouped as follows: (1) Atrophy is not frequent and was not met with in emaciative diseases. (2) Hypertrophy is not rare in higher old age; accurate measurement is, however, not easily carried out. (3) Turbid tumefaction of the muscular fibers even of slight degree can be demonstrated with acid orcein. (4) Granular degeneration appears often combined with tumefaction. All these alterations are frequently found in one and the same vascular region, e. g., in the lower extremities and there very pronouncedly. (5) Necrosis, and (6) Calcification appears in foci of various sizes. Arterial hypermyotrophy presents a characteristic clinical picture, occurring often in combination with renal changes, and leads to cerebral and other hemorrhages. A constant concomitant of hypermyotrophy is hypertrophy of the heart as cause, or consequence, of vascular changes, or both as consequences of a common cause. During life there is always high pulse tension.



For the headache and insomnia of alcoholism try a grain of emetine at bedtime; you will be surprised at the good effect.

Hyoscine hydrobromate is one of the best remedies to secure sleep and relieve the tremors of alcoholism; bromides also.

MISCELLANEOUS ARTICLES

A FATAL CASE OF SCARLET FEVER.

ON October 11, 1904, at 10 a. m. I was called to see M. H., a boy nine years of age. I found him with a temperature of 105° F., pulse 110, full and strong, pupils dilated, throat sore and the cervical and submaxillary glands enlarged and tender. A pseudo-diphtheritic membrane covered the right tonsil and extended out towards the uvula and posteriorly to the right side of the posterior pharynx. His body was covered with a scarlet rash which was beginning to appear upon the limbs. The breath was foul and the patient restless. I administered in twenty-four teaspoonfuls of hot water ten granules each of aconitine, strychnine arsenate and digitalin, and ordered that a teaspoonful of this solution be given every fifteen minutes for eight doses and then every half hour. Calomel, ten 1-10 grain tablets, podophyllin, five 1-6 grain granules, were ordered, giving two calomel and one podophyllin every half hour until all had been taken; if free evacuation of the bowels did not take place one hour after the administration of the last dose two heaping teaspoonfuls of Epsom salts were to be given and if necessary the dose repeated in two hours, to insure free catharsis.

At 5 p. m. I returned and found the pulse 100 per minute and compressible; the patient was resting better and there had been several copious evacuations of the bowels; at this hour the rash completely covered the extremities; temperature, 104° F. I left calcium sulphide

and ordered six 1-6-grain granules to be given every hour for six doses or until the characteristic odor could be easily recognized, then to be given every three hours until I came. I placed six tablets of the triple sulphocarbolates in twenty teaspoonfuls of water and ordered one teaspoonful every two hours. Peroxide of hydrogen solution was used as a gargle and mouth wash every hour, also a weaker solution was used to wash out the nasal cavities. The stools were allowed to stand in a strong solution of crude carbolic acid before being otherwise disposed of; discharges from mouth and nose were ejected into paper cones and immediately burned.

The weather was pleasant and sunny and windows and doors were left open. At my next visit, 9 a. m., on the 12th, I found the patient in very much the same condition as at 5 p. m. the previous evening, with the exception that the breath had become less fetid, the tenderness of the submaxillary and cervical glands had become less, and swallowing caused less pain. The temperature was 104° F., pulse 110 per minute, throat and pharynx clearing off. Odor of calcium sulphide was plainly to be detected.

My treatment for the second day was very much the same as the first, with the addition of three granules of nuclein every two hours and the use of warm sponge baths for twenty minutes each time nuclein was given during the daytime. The skin was completely anointed with vaseline each day.

This continued my treatment, varied

to some small extent with the slight variation of conditions until Sunday the 15th. When on my visit that morning, I found the temperature registered 100° F., the pulse 90 per minute. This was at 9 a. m. At 5 p. m., the same day, the temperature was again 105° F. and the pulse 120 per minute. I increased the trinity to every fifteen minutes for eight doses and then directed it to be given every hour; increased the calcium sulphide for a few doses to six granules, 1-6 grain, every hour.

On the 16th the services of a professional nurse were secured and a daily record kept. The normal or low morning temperature, with fever running up to 103 to 104° F. about twelve o'clock midnight, continued for about one week, when on the outer aspect of the leg were observed some half dozen pustules about two lines in diameter, which when opened with a needle discharged pus. By gentle pressure each pustule would yield in quantity pus that would measure the size of a medium-sized pea and the opening in the skin had the appearance of being drilled through. Subsequent evacuations of pus were of a more liquid character. This pus was examined microscopically but there were no streptococci or staphylococci to be found, but simply broken down tissue debris.

About this time the right parotid gland became swollen and as soon as fluctuation was perceptible it was incised and the same quality of pus was discharged. Also the glands in the posterior upper portion of the right axilla became swollen and were incised with the same results. About October 27, a like swelling was incised over the tibialis anticus, about midway between ankle joint and knee, with the same result.



The active hyperemic headache is pulsating and throbbing; subjective sense of fulness; flushed face and injected eyes.

These were first washed out and kept clean with full strength hydrogen peroxide, and latterly with $\frac{1}{4}$ per cent formalin solution. From the onset of the disease the urine was closely observed. On the second day the urates and phosphates were unusually large, for which condition calcalith, half a tablet, was given every three or four hours until these conditions cleared up, which it did in twenty-four hours. However, at all times the specific gravity of the urine was low, never being above 1008 and oftentimes 1004.

The heart waverings were met at all times by strychnine arsenate and digitalin and when chills began, which they did about five days before dissolution took place, atropine or hyoscyamine to effect were given. In fact, all remedies were given to effect through the course of the disease. The last week of the illness the triple arsenates were given, two every four hours, with one of nuclein, and three extra granules of quinine arsenate were added to them. Calcium sulphide was administered continuously but in less dosage during the week. Elimination was kept going by way of bowels by the use of saline laxative and small doses of calomel. The food at all times was of a nutritious and easily-digested character and nutrition continued good with little digestive disturbance all through the illness.

On October 30, Dr. I. J. Nelson saw the case in consultation and agreed with me in all respects as to the diagnosis and treatment, with the suggestion that a small amount of spirits be added. I then gave two teaspoonfuls of whisky in egg-nog every four hours. On October 31, after watching the case at different times during the day, I called at 9:30 p.

For hyperemic headache apply cold to head, purge and take a hot foot bath; internally bromides, ergotone, aconitine, veratrine.

m. and remained until 12:30, when the boy died.

Autopsy: The next day, with Dr. Nelson, an autopsy was held and the following are the microscopical conditions observed. The greater omentum showed inflammatory change which was the cause of the tympanites during the last few days of illness. The remainder of the peritoneal cavity showed very little if any disease change. The kidneys were sclerotic in their entirety, this being the cause of the large amount of urine with low specific gravity. A microscopical examination of the kidneys will be made later. The spleen was enormously enlarged. The liver not much if any enlarged and color normal. On raising the sternum and opening the pericardium found a pericarditis existing with considerable fluid exudate of dark straw color. This fluid was not examined for pus.

The lungs were not invaded by the disease and we did not investigate the cranial cavity. The mind was clear to the end, however, only when fever was high or chill intervened and I do not believe the brain or meninges were invaded.

The scarlet rash disappeared about the fifth day after onset and desquamation took place as in most cases of the disease during the last few hours of life. Medication was carried on hypodermatically.

Any suggestions or criticisms from the editor or CLINIC readers will be highly appreciated.

I believe I know the drugs I used, and their effects, and that I gave the patient my best thought and attention at all times—but, he died.

ARTHUR E. SWEATLAND.

Little Rock, Ark.



Gelseminine is also an excellent remedy for the congestive headaches; arterial sedation is the thing indicated.

Now it is not an easy matter to criticize such a case as this; because Dr. Sweatland knows how to use medicines and seems to have used them scientifically here. Antotoxin is used for diphtheria; mercury is specific for syphilis; quinine for malaria; pilocarpine for sthenic erysipelas—but neither these nor any other remedies will always cure every case of the diseases for which they are appropriate. Sometimes the tendency to death is so great, even in apparently ordinarily healthy subjects, that the slightest cause will kill. Sometimes an infection is so malignant that no remedy will succeed in overcoming the virulence. Sometimes there are unhygienic conditions in the environment—not always discoverable to the search—that render nugatory the most wisely applied management. Which of the three was present here we can only guess. The following incident will perhaps illustrate: The writer attended a woman with fever; she got along well, only she did not recover but hung along about one way. The physician said there was some cause not evident, and suggested that he noted a peculiar smell in the house. An expert plumber was secured, who overhauled the pipes, and a break was discovered under the kitchen floor, into which the sink drain discharged into a large hole. The odor was so dreadful that one of the family fainted on the hole being uncovered. It was emptied, drained and disinfected, the pipe mended and the patient promptly recovered. This experience is typic of so many that the writer firmly believes some similar unhygienic condition existed in Dr. Sweatland's case that contributed to the fatal malignancy.

We hope that members of the CLINIC

Headache may also be a symptom of indigestion; clean out with calomel and salines; give stomachic tonics.

family will let us have the benefit of their experience in the treatment of scarlatina. "Speak up," Brethren.—ED.



A BRILLIANT VICTORY FOR ALKALOMETRY.

Mrs. A. B., age twenty-three; family history negative; married two years; never pregnant; height 5 ft. 6 inches; weight eighty-two pounds with winter clothing on. She was well until twenty, at which time she had some form of inflammation of the uterus and abdomen, followed by pleurisy and abscesses on the thighs and about the knees. Altogether she was ill six months. Two years ago she began having headache, frontal and occipital, during which time her hair fell out to some extent. There was no eruption, sore throat, or other classic symptom. She states that she has been under the care of nine different physicians during the past three years.

She complains of nervousness, anorexia, lassitude by day, and pain along anterior tibial nerves by night, which prevents sleep. Her bowels are constipated but the tongue is clean. There is some discharge from an old *otitis media* of years' standing. Extremities cold and bloodless. Physical examination negative except as follows: Tongue tremulous, two small pigmented scars on legs and many small white glistening cicatrices on arms and legs, which patient states were the seats of boils; most plentiful about the knees. The shins are slightly sabred and slightly nodular. The skin over the anterior tibial nerves is exquisitely tender. The patient is much emaciated and somewhat hysterical. Deep and superficial reflexes exaggerated.



Suppression of the menses is a frequent cause of headache; give a cathartic, hot foot or hip bath; aconitine or gelseminine,

Diagnosis: Syphilis with accompanying autotoxemia. Treatment: Hygienic measures consisting of exercise in the open air, hot and cold baths, etc., forced feeding, regulation of the bowels, iron tonics; potassium iodide and phenacetin for the pains resulted in no apparent gain, although followed for six weeks.

Dec. 31, 1903. No improvement—everybody discouraged.

Jan. 11, 1904. Feeling some better, otherwise "just the same." Changed treatment on the advice of "ye editor," as follows: Calomel, gr. 1-6, podophyllin, gr. 1-6—one of each every half-hour for six doses, repeated every third night; saline laxative each morning on rising; triple arsenates with nuclein, two three times daily after meals; "three iodides" tablet, one three times daily one hour after meals.

Jan. 18. Reports no pain, sleeps well all night, otherwise no change.

Jan. 26. Feeling best in three years, improving along all lines, weight ninety-six pounds.

Feb. 6. Still gaining, weight ninety-nine pounds.

March 5. Well to all appearances, weight 105 pounds, renewed medicine for one month.

Aug. 1. Weight 135 pounds, cheeks red, bowels regular, appetite good, outgrown all her clothing and has fears of getting fat. Not having seen her in the interim I did not recognize her and had to ask her name.

In the history, the "specific" element appears prominently, but, at the time of examination, its detection was by no means easy. The patient denied stoutly any leading questions and try as best I could to trap her, she failed to give me the least assistance in the diagnosis. The



For the headaches of the climacteric with hot and cold flushes equalize the circulation with aconitine or veratrine.

physical signs were all I had to go by. That I was the first to discover and diagnose properly I do not believe. My first plan of treatment would have cleared up most any case, but failed utterly in this. The dictum of "clean out, clean up and keep clean" I believe is what led to success as it is evident that the specific treatment acted only after the system was prepared to receive it by being thoroughly "scoured."

Since this case began to improve I have had more and more faith in the alkaloidal preparations. In my hands they have, almost without exception, done the work wherever exhibited. They are like a rifle—the results are sure to follow if the aim is true.

Like many another I was for a long time deterred from using them because of the element of commercialism which enters into their method of introduction. This to me at times seemed egotistical and quackish, but since I have become better acquainted with the goods and the men who make and sell them I have lost much of this antipathy and feel more like falling in line and doffing my cap to the fellow who makes his boast and backs it up with the goods.

H. J. KNICKERBOCKER

Geneva, N. Y.

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There is really no necessity for us to say anything—the doctor has told his story and points the moral so well that further comment seems superfluous. But we would accentuate one point. This is that all treatment failed till the system was cleaned and made ready to absorb the remedies given; until, in fact, retrograde processes were stopped and normal functioning re-established. Nature is potent, but if the wheels are clogged and

still more matter is thrown in to be dealt with, the machine gets more and more deranged and finally stops. Clean up! Oil the bearings, supply the steam and soon everything will be running properly. Common sense applied in medicine gives striking results.—ED.

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CONTROL OF SERIOUS HEMORRHAGE FOLLOWING ABORTION.

I have treated a case of hemorrhage following abortion. On my honor, were it not for those active alkaloidal preparations the patient would have been lost. She was almost pulseless, covered with a cold, clammy, perspiration, consciousness gone, power of deglutition lost, her eyes were fixed, dyspnea was marked and the family was in tears. The hemorrhage was profuse, the bed and floor literally *bathed* in blood.

On arrival I placed the woman in a dry bed, put hot bottles around her body and gave a hypodermatic injection of strychnine, atropine, glonoin and ergotin. A hot intrauterine injection, three liters, was made and one liter of artificial serum was thrown into the lumbar region subcutaneously. In less than three-fourths of an hour I had complete control of the urgent symptoms.

The patient for three days was unable to see and would fall off unconscious three or four times a day. I continued treatment with the heart tonic and triple arsenates. The fifth day the temperature was 40° C. I gave four granules each of podophyllin and leptandrin in one dose; the bowels moved three hours after. I then gave ten intestinal antiseptic tablets in water to be taken in two-tablespoonful doses every half hour. The

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For nervous disturbances of climacteric be sure to pay especial attention to elimination; cannabin and cicutine as sedatives.

Persistent, blinding headache occurs in heatstroke with very high fever; increased on movement; face flushed and eyes congested.

triple arsenates and dosimetric trinity were also prescribed. The next forenoon the temperature fell to subnormal.

On the tenth day the patient had enough strength to witness the marriage of her daughter which took place in her room, she, the mother, remaining in bed.

The mother was five months pregnant. During the fuss of arranging furniture and preparing for the marriage of her daughter she was injured and hemorrhage and abortion occurred. The doctor who was attending her could not be found when this terrible hemorrhage occurred. Much time was lost looking him up. It was when death seemed imminent to the people that a friend of mine suggested that I be called.

ARTHUR HOLLY.

Port au Prince, Hayti.

—:o:—

We are glad to hear from Hayti, where the alkaloidal idea is taking such strong root. Dr. Holly's success with this apparently desperate case shows that he has grasped the fundamentals of successful treatment. Come again, Doctor.—ED.

☞ ☞ ☞

SCRAMBLED THOUGHTS.

A grain of wisdom is worth more than an ounce of gold, but—try to pay your bills with it!

As a contractor, glycerole of tannin, isn't so bad and then there's alum; now wouldn't that pucker you?

Preserve a little sympathy for the fellow with an atrophied risorius.

When we have money we're worried about it.

When we have none we're worried without it.

☞ ☞ ☞ ☞ ☞

For sunstroke headache make cold effusions to head and give ice water bath; quiet pulse with aconitine and eliminate.

When you leave a good wife see to it that she finds no consolation in the knowledge that the insurance more than covers the loss.

Labor: Good for food, ditto for physic.

Lots of troubles are bluffed away by a square look in their faces.

Try to be right always—its cheaper.

Selfishness is the stuff that sours the milk of human kindness.

Booze and brains are never constant companions.

Every mistake made has its value, if it teaches something.

Self deception is the worst kind of deception.

It matters little how much you do, so you do it well.

The really good fellow is seldom referred to as a "good fellow."

A poor man's advice is seldom taken—therefore—(?)

The ulcer of envy is healed by the unguent of pity.

I know lots of druggists who will need asbestos underwear or something "just as good" later on.

Don't grow round shouldered carrying business around with you that isn't your business.

In the battle of Life be game—fight with the scabbard when the sword is broken—you'll win!

Don't mistake the armor of religion for a cloak.

Show me a rascal truly happy and I will show you a substituting druggist bound for heaven.

The man who says the least is seldom misquoted.

Don't argue politics or religion—the other fellow is always wrong and you know it.

Passive hyperemia may cause headache; this is increased by lowering the head, is dull and heavy and accompanied often by cough.

Some doctors believe in doing to their noses what the smoker does to his meerschau.

Ever notice how easy it is to be resigned to trouble, if it's the other fellow's.

Every time a crank starts in business the devil gains.

There are three kinds of patients: never pay, poor pay and good pay. Which gets your best services? Has it ever occurred to you to do a little training along this line?

A stitch in time saves a lot of gynecologizing.

If there were eleven commandments the last would refer to substituting druggists.

Ever notice it—men stretch their legs women and trees their limbs.

Every buzz has a "b" in it.

It's a truly unsophisticated fellow who still believes the world is square.

Ruby noses seldom win ruby lips.

OSCAR F. BAERENF

St. Louis, Mo.



PYOKTANIN AND BLUE-LIGHT TREATMENT.

As a possible contribution to the CLINIC I would ask of the readers thereof if they ever attempted to secure the beneficial results of the blue-light treatment in certain skin diseases in a modest and inexpensive way by the employment of a solution of pyoktanin painted over the diseased area?

For the past six months I have been treating lupus vulgaris and erythematosus, scrofuloderma, indurated tubercular glands, favus, erythematous, vesicular and pustular eczema and contagious impetigo when appearing upon the exposed



Passive hyperemia is a cause of headache, especially in diseases of the heart, liver, kidneys and lungs.

portions of the body, by painting the lesions daily with a two per cent solution of this drug and directing the patients to expose the part so treated as many hours each day as possible to the direct rays of the sun. All have been decidedly benefited and the majority cured; however the same good results have not been noted where covered portions of the body were similarly treated.

These cases were all among Indian school children who rather enjoyed the decoration than otherwise. Tonics such as cod liver oil, syrup of the hypophosphates and of the iodide of iron were also given.

F. H. POOLE.

Ross Fork, Idaho.

—:o:—

If blue light is effective in disease, we can see no reason why this method of using it should not give as good results as any other. At the same time it is a little difficult to say positively that the light was the only factor; possibly the drug itself has some influence upon local application. At any rate the method deserves a trial. We hope members of the family will put it to the test.—Ed.



HOW DRUGS SHOULD BE USED.

Before giving my experience with some of the alkaloidal remedies, I wish to draw the attention of the reader to the fact that the use of a drug is considered in its entirety. Thus, we are able to eliminate from the medical profession sectarian study of drugs, which latter is the cause of so much strife between the different schools of medicine. By a system given by me in the February issue of the *California Medical Journal* of 1904, the reader will readily comprehend that

In the headaches of heart disease and other diseases attended by vasomotor relaxation, give digitalin, caffeine, strophanthin, etc.

it is easier to learn the use of a few hundred of drugs in this way in their entirety, than it is to learn the use of fifty or less of one school in the way in vogue at the present time. By the system given by me as stated, it reduces the study of drugs to a science and is well worth considering by every progressive therapist.

Pure reliable drugs we must have, be these tinctures, fluid extracts, or alkaloids. With the limited experience I have had with the alkaloidal remedies, I wish to say that they are reliable and convenient. Many drugs are better administered in the form of tinctures or fluid extracts of the green plant or root; again, of others the alkaloids are preferable.

In looking over my pocket case I notice glonoin, gr. 1-250, a drug often used in my practice. The physiological action of this remedy is well known; it is therefore not necessary to give this in detail, except the basic physiological symptoms which are:

Powerful determination of blood to the head, throbbing carotids, bursting headache—can hardly bear to move head.

Secondary Basic Indications: Cerebral anemia, that comes on sudden, face pale; syncope or general collapse that comes on suddenly.

Adult Dose: One to two alkaloidal granules of gr. 1-250, to be repeated if necessary. The basic symptoms of its physiological action are the very symptoms, if present in disease, that glonoin is curative of in its primary form.

Primary Basic Indications: Powerful determination of blood to the head, throbbing carotids, bursting headache, the least motion of the head is almost unbearable.

Anemic headaches are relieved by lowering the head while congestive are increased; pale face, drooping eyelids.

Adult dose: One granule of glonoin, gr. 1-250, dissolved in a quart of water. Of this dilution take two or four ounces or as much as desired and give in doses as follows: One-quarter to one-half teaspoonful every one-half to three hours as the severity of the case demands; stop when the trouble is corrected. If too strong dilute to half its strength. The physiological basic symptoms are our keys to the primary basic indications for the drug. The secondary basic indications we get in reverse conditions of those of the primary. Thus with one drug many conditions can be met. Why not learn the use of a drug in its entirety by this easy method and fire both ways, instead of shooting only one way and insisting that the fellow who shoots the other way cannot shoot. Look around and if his aim is better, get some points from him and if they are useful, be a gentleman and give him credit for it, regardless of what school of medicine he belongs to.

F. J. PETERSEN.

Los Olivas, Calif.

—:o:—

Here is an eclecticism that seems to fit into all schools. As to how it will "work out" we confess we feel a little uncertain. But our homeopathic friends should like it. What say the members of the CLINIC family?—ED.

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INTRACELLULAR BACTERIAL TOXINS.

In a paper read before the Section on Pathology and Physiology, of the American Medical Association, Vaughan gives a summary of the work he has done on bacterial toxins during the time he has been able to spare from his medico-polit-

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For anemic headaches give iron, arsenic and strychnine; try the triple arsenates with nuclein; blood-making food and aseptic bowel.

ical direction of the University of Michigan during the past eight years. Beginning with the announcement of tyrotoxin in 1896, he goes on to the demonstration of the toxicity of the cell substance of colon bacilli in 1900, and the following conclusions announced in 1901:

1. The colon bacillus toxin is contained in the cell from which the toxin is not diffused ordinarily into the culture medium.

2. It is not extracted by alcohol or ether.

3. It is not extracted from unbroken cells by very dilute alkalies.

4. A high heat with water does not destroy it in unbroken cells.

5. Boiling with 0.2 per cent solution of HCl has little if any effect on the germ cell or its contained toxin.

6. Heating on a water bath for an hour with 1 to 5 per cent HCl solution breaks up the cell and lessens without destroying the toxin. Prolonged heating may render it inert.

In 1902 Vaughan's students made these advances:

Detweiler found toxins in the cell substance of micrococcus prodigiosus, bacillus violaceus, and sarcinae aurantiaca and lutea.

Wheeler found in the cell substance of sarcina lutea two carbohydrates, a nuclein body yielding xanthin bases, and a proteid yielding hexon bases, showing the cell to be made up largely of a glyco-nucleo-proteid molecule.

Leach split up the colon bacillus and showed it to contain in its molecule carbohydrates, nuclein and proteid.

Marston and Gelston showed that temporary immunity could be obtained from the germ toxin, and determined its tox-

icity. It is not a good immunizing agent from its insolubility.

Gelston found an intracellular toxin in diphtheria bacilli against which commercial antitoxin gives no protection.

J. W. Vaughan demonstrated an intracellular toxin in anthrax bacilli.

In 1903 Wheeler made investigations to show that the bacterial cell is a definite and constant chemical compound. The amido-nitrogen split off by acid is the same, no matter what strength is used of sulphuric acid.

Leach obtained similar results with the colon bacillus.

McIntyre showed an intracellular toxin in bacillus pyocyaneus.

Munson and Spencer found that vertebrate cells may be split up, producing a toxin group.

Since then Vaughan and Wheeler have acted on the germ substance with sodium alcoholate, splitting off highly toxic soluble groups, in colon, typhoid and anthrax bacilli; in all producing antitoxins but with no certainty as to their antibacterial properties. The colon toxin immunizes guinea pigs against itself and the living germ. It is a complex body giving the biuret and Millon reactions, is freely soluble in water, or in absolute alcohol, insoluble in ether, chloroform and petroleum ether. Two bodies are contained in the alcoholic solution, one toxic, the other not. Platinum chloride precipitates only the toxin. The minimal lethal dose is one part to from 300,000 to 400,000 of body weight of guinea pig. Gradually-increasing doses immunize these animals. The toxin is composed of a haptophore and a toxophore group, the latter possibly a neurin. This may be identical in different pathogenic bacteria.

One-third of the germ substance is



Neurasthenic headache: A sense of discomfort rather than actual pain; brought on by exertion or excitement; worse in morning.

Neurasthenic headache does not interfere with sleep; it may be postponed till Sunday; occurs in nervous people.

dissolved by the sodium alcoholate of which 15 per cent is toxin. The part insoluble in alcohol is soluble in water and non-toxic. It contains a hemolysin and a group that splits up hemoglobin into hematin and a globulin. The hemolysin is precipitated by heat and acids; it is not weakened by heating to 110 degrees. It is inactive at low temperatures and requires an incubative period.

All the bacterial toxins lower temperature in guinea pigs, in any dose. Intraperitoneal injections, if fatal, cause fall of temperature as long as the animal lives; if the temperature begins to rise it indicates recovery. It does not cause peritonitis, but if the sterile germ substance is injected, hemorrhagic peritonitis results.

The following conclusions are deduced:

1. The colon bacillus in its essential part is a chemical compound.

2. In its molecule we have demonstrated nuclein, amido, diamido, mono-amido, carbohydrate, toxic, hemolytic, and hemoglobin splitting groups. Probably there are many others. The highly complex molecule formed may be split up in different ways, according to the energy applied. The toxic group in some, drops off in the presence of moisture at a temperature of 37° C., as with diphtheria and tetanus, whose toxins are soluble. Some of the groups are essential to the vitality of the cell, such as nuclein.

3. Every cell in the animal body contains similar complex molecules. From the liver cells a toxin can be split off by dilute mineral acids.

4. The reaction of a colon or body cell molecule is chemical. When these two are brought within the range of re-

ciprocal influence, if the chemism between them is greater than that between the various groups of either molecule, a reaction takes place. A group splits off from each, and the damage done bacillus or body cell depends on the essential character of the group split off to the cell or bacillus vitality. The toxin split off and injected does more speedy harm than the bacillus, as a chemical-like sodium chloride is harmless while its constituents, when free, are destructive.

The foregoing affords a simpler explanation of the action of antitoxins than has yet been proposed. When the toxic group unites with one from the body cell, the injury to the latter depends on the importance of the purloined group to the cell; and the harm to the animal on the number of cells affected. True toxins do not destroy cells, but injure them temporarily. Toxins injure, poisons destroy, the cells. The tubercle bacillus produces a poison. Possibly the toxin leaves the nuclein group intact, while the poison breaks up this group, rendering the formation of an antibody impossible. When the toxin has split off the group from the cell, forming with it an inert molecule, the injured cell splits off from the nutritives within reach of the elements, to restore the needed group, and more than it needs, the excess forming the antitoxin. This explains why there is an antitoxin for each bacterium, since no two affect exactly the same groups; and why each antitoxin is specific.

In conclusion he spoke of Ehrlich's theory as the most valuable ever presented to scientific medicine.

In the discussion Terrill asked why the bacillus could not renew the toxic group as well as the body cell, that which was subtracted from it?



Neurasthenic headache is relieved by rest and improvement in general health; cannabin, cuticine, scutellarin, cyripedin.

Autotoxemia is one of the most frequent causes of headache; often due to torpid action of bowels and liver.

Clements suggested that we might be paying too much attention to the external factors instead of studying the protoplasmic activities of the body.

Sewall asked as to the difference between toxins and toxoids, as clearing up the difference between poisonous activity and immunity production.

Meltzer spoke of the hemolytic action of tetanus bacilli as purely biologic, while that of the disintegrated colon bacilli is only chemical.

If the bacillus is only a chemical group or molecule it should be produced synthetically. There is in organisms still that factor known as vitality.

In reply Vaughan said that the bacillus when growing in the body does reproduce its toxic group till death results to the host.



CELLULITIS; WAS IT CAUSED BY "DISTEMPER"?

Cellulitis is an inflammation of the cellular elements of the body. It shows all the signs of inflammation in other tissues and in all acute local cases the symptoms are very marked. The severe pain, the intense redness, excessive heat, and great swelling point to a bad type of local poisoning. It is not only a difference in the tissue involved, but the kind of infection that aids in making such a disease destructive, because of the death of tissue at the seat of infection and the danger of general infection of the system.

As to the nature of the tissue, it is a loose connective network which holds together fat, cells, nerves, blood-vessels, and surrounds the muscles, skin and other tissues. Its make-up permits disease to spread and destroy this and ad-



Try the effect of thorough cleaning out in your autotoxemic headaches; then follow up with the sulphocarbolates.

jacent structures. As to the nature of the cause of inflammation, infection is the only one cause now recognized. It may be mild, but may be severe as well, and either one may be dependent and perhaps is upon an injury preceding the infection. The injury preceding may be a mechanical, chemical, or inherent one. This latter may need explanation and I will make clear what is meant by saying it is intended to represent the lowered vitality from some constitutional or local cause (perhaps, syphilis or scrofula).

The microbe finding a place of least resistance enters the tissue and multiplies among its meshes. The micrococcus is a common one and is found in nearly all cases associated with other microbes present. The erysipelas germ is a very common and dangerous one and more intense and severe are those of glanders and malignant pustule. The particular germ may not always produce the same intensity owing to the point of infection, the environment from which received, and the condition of the part and patient at the time of infection.

To illustrate, a needle or puncture wound in the foot of a delicate girl, if infected with streptococcus, will produce a violent and dangerous disease, while an open cut on the surface of a limb with the same microbe will be less severe and less difficult to treat if occurring in a strong, vigorous man and will have a more favorable prognosis. The pus taken from a common boil and that from malignant pustule will show great difference in their intensity.

This leads up to the particular case of cellulitis I have the privilege of describing:

A man about forty years old, of strong constitution and in good general

Migraine is a periodic headache; accompanied by nausea and vomiting, hence called "sick headache;" usually unilateral.

health and good habits, was taken sick with chills and fever on Saturday, April 6, 1898, and kept at his work until night. His nose was sore and painful next day and on Monday he called me to his home where I learned his history. Patient was in excellent health until Friday, except a little nasal catarrh with some ulceration of nares from the discharges. On Friday he felt aching pains in back, neck, and head and thought he had taken cold, but kept at his work until Saturday night. He is a farmer and at the time was treating a number of horses on his place for distemper and one colt had been suffering from it a long time and was especially hard to cure.

His appearance when I first saw him was that of one seriously sick. He had an anxious look. He had no severe pains and very little fever. He was having chilly sensations up and down his back. His pulse was 84 and never ran higher. His temperature ran from 96.8° F. to 101° F. His right nostril was swelled almost closed, and was discharging an ichorous pus. There was a gangrenous odor. The whole side of face was swollen and the eye nearly closed.

The glands of neck were enlarged. The swollen parts were hard but somewhat doughy to the feel, of a dull red and a deep aching pain was felt. It seemed like an erysipelas at its beginning, and I treated it as such. I gave calomel and quinine and applied hot solution of bichloride of mercury over swelling and syringed out the nose with borax and peroxide of hydrogen. Under this treatment the patient improved slowly. No pus formed except on mucous membrane of nose—the glands became smaller until they entirely disappeared.

On the fourth day, the inflammation gradually extended to the other nostril, when I called Dr. B—— in consultation. He called it a case of pure cellulitis and believed it was conveyed by direct infection from the horse and that the man would get well and advised the local use of ichthyol over swelling and in nares. The examination of the discharges under microscope revealed only pus cells. I found the use of ichthyol was almost specific for the trouble and a rapid improvement followed. The gangrenous odor kept up until the mucous membrane sloughed off. The disease was not as severe on the left side as on the right and less constitutional symptoms were present during its involvement. The disease ran its course in ten days and recovery was complete.

I desire to ask the editor some questions that have come to my own mind, but ones I cannot answer to my satisfaction. They are these:

Why was there no abscess formed as the result of such a violent cellulitis?

Why was there present a gangrenous odor?

Does distemper in the horse ever produce a like disease in man?

If it were possible to separate the pus from the bacillus of malignant pustule, would such pus produce a more violent inflammation than pus from an ordinary abscess?

P. L. SCANLAN.

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This is a case where a long-distance diagnosis is likely to prove untrustworthy. Nevertheless we can express an opinion. There are undoubtedly instances where "distemper" in horses has attacked men, and the prolonged and repeated exposure in this case suggests



According to Haig sick headache is caused by uric acid; restrict diet and give mineral acids during attack,

A combination of acetanilid, caffeine, sodium bromide and salicylic acid is good for the relief of sick headache.

that this may have been the cause of this somewhat unusual illness. Distemper is due to infection with the *streptococcus coryza* and causes in animals a rhinolaryngeal inflammation, somewhat suggestive of the symptoms in this case. The symptoms of streptococcal infection are usually severe. This variety of the germ is undoubtedly less likely to produce pus formation and consequently abscesses than the *streptococcus pyogenes*. We shall be glad to hear the comments of other members of the CLINIC family on this case.—ED.



COMMISSIONS FOR PATIENTS.

In your December issue of the CLINIC, page 1268, I note an article entitled Commissions for Patients. I wish to take some exceptions to portions of the above entitled article. Why should the country doctor take his surgery to the so-called city specialist? Is he not qualified to do his own surgery? For what has he spent four of the best years of his life and \$3,000 in hard cash if not to qualify himself to do surgery? I know my city brothers will take exceptions to this, especially those who are attempting to make a grand-stand play, by saying that we are not prepared to do this class of work.

Why are we not prepared? Can we not render a room as clean in the country as you can in the city? Are not our instruments made of the same material as yours and at the same factory? Pray tell me my city brother how did you become a specialist in surgery, if not by first attending a good college, second a good hospital and third by doing the surgery that came your way? Now if you had to follow the above plan to be-

come a surgeon, why are we not able to do surgery after having followed the same plan?

Why should not the country doctor operate for cataract? Is it any more difficult to remove a lens than to trephine and raise a depressed skull and save life by relieving brain pressure? Surely it is not more difficult to diagnose a cataract than glaucoma. As for doing oöphorectomies, are these any more difficult than appendectomies and how many more deaths would occur from appendicitis if we were to wait until we could ship our patients to a hospital?

You say that he need not saw pieces out of the nasal septum, but he should set up a multinebulizer and learn how to utilize it and the various agents depended on by the nose specialist. Pray tell me what good would your multinebulizer do if you failed to remove the cause of the trouble by sawing out the spurs, removing the polypi, reducing hypertrophied turbinates, curetting off adenoid growths or correcting deviated septa? If the country doctor can not do these simple operations let him go to school and learn how.

Any man who would be guilty of robbing his confiding patient, by simply treating his catarrh with a multinebulizer, without removing the cause, is not as honorable in my opinion as the man who takes a six shooter and holding his victim up, relieves him of his watch and purse.

It has been intimated to me by some of my city brothers that a man in a small place cannot afford to lose a patient following operation. I think that too a mistake, if a man be honest and not hold out false hopes to his patient or friends but tells them the truth as he sees it;



If in sick headache there is vasomotor relaxation and pallor and coldness of skin give atropine to effect.

Stomach lavage and rapid emptying of the bowels with a saline often brings an attack of sick headache to a close.

even death will not lose him their friendship or support. How much more the glory and how much firmer will be his professional standing if he forecasts a possible bad result but attains success and relieves the sufferer.

A WEBFOOT.

—:o:—

The CLINIC advises the country doctor to learn how to do operative work and to take all this work he is able to do—*well*. But no man should undertake surgical operations for which he lacks either the technical knowledge or the skill. Even granted that he has mastered the minutiae which are becoming more and more essential to the specialist, it takes repeated operations, first in the role of assistant, to acquire the lightness of touch and the skill of hand which are essential to success. Human life is too precious to be lightly experimented with. By all means do surgery, Doctor, all you feel you can do *right*. Commence with the minor work and the emergency cases and do them so well that your skill may become known all over the country. *Grow* into the bigger things just as fast as you can and the time will come when all your patients may be kept at home. But don't make the mistake of thinking that success consists in *half* doing the big things.

Do you know, I have the idea that when we have really learned to appreciate the possibilities of scientific therapeutics (and that's the alkaloidal kind) there will not be such a crying need for so many surgical operations.—Ed.

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VERATRUM IN ECLAMPSIA.

In puerperal convulsions treat the convulsions and do not interfere with the labor unless there are conditions present

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Look out for errors of refraction in any severe case of headache; this may cause migrainous attacks,

pertaining to the labor *per se* that would have demanded treatment independent of the eclampsia. Ten drops of a saturated tincture of veratrum viride, hypodermically, has a restraining influence over puerperal convulsions that will surprise the experienced obstetrician when he has never seen it tried.

HORACE P. PORTER.

Port Arthur, Tex.

—:o:—

The value of veratrum in this terrible complication of labor may now be accepted as established. But why not use veratrine? Gr. 1-134 of this alkaloid given hypodermically every fifteen minutes would do the work in half the time and you'd be *sure* of results. Try it, Brother.—Ed.

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THEY "KICK" BUT WILL PAY JUST THE SAME.

Say, if I discard the synthetic remedies entirely I will have to double or triple my charges. By the old methods, where I would get a dozen or two visits in a case, now, with the little "sure shots," I only get two or three. The laity soon catch on to the difference, but kick like a mule against an increase in charges.

C. W. J.

—, Mo.

—:o:—

Always "get your price," Doctor, and let it be a good one. To your old patients explain matters thus: "Which would you rather be, sick for four weeks and pay forty dollars for twenty visits or sick for one week and pay forty dollars for four visits?" Argue along this line, of course without using this particular illustration which is somewhat exaggerated, and "a flea in your ear,"

If with headache there is a coated tongue and foul breath and complaint of anorexia, look to the digestive tract.

Doctor, do not be in too big a hurry to cure your cases if they "kick" at being cured. Acute conditions of course you *must* control at once, but it is not necessary always to discharge a person when you think he can be discharged safely. This matter must be left to the physician's conscience entirely, but, because he is able to give better service there is no reason in the world why he should deprive himself of half his income. The better work men in any other profession do, the better pay they get, but the doctor is a peculiar "critter." The better work he does and the more perfectly he serves his *clientele* the less money he gets. We have got to provide against this self destruction.—Ed.



A TEXAS GUNSHOT WOUND.

A hasty 'phone message on the 25th of last December called me away from a steaming Christmas turkey to attend K. P., a man supposed to be dying from a gunshot wound of the chest.

In an hour and thirty minutes I was by the patient's side eight miles distant, and found him to be neither dead nor wounded in the chest, but instead the Winchester ball had entered the body just above the right clavicle and had taken its exit one and one-eighth inches above the point of the left scapula, as shown in the pictures. These were taken on an unfavorable day and the black patches used for fear the small scars would not be discernable.

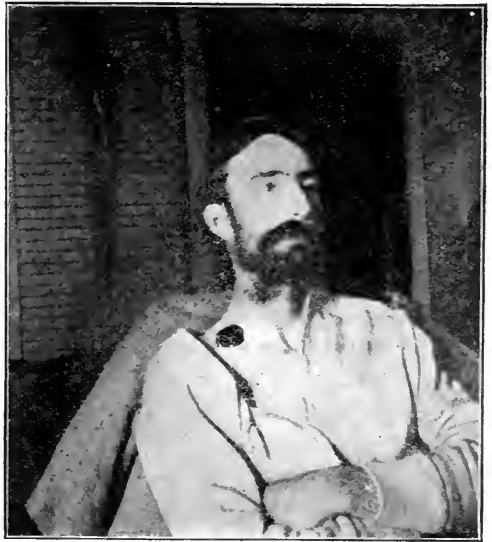
The range of the bullet was somewhat downward, as the shot came from the gallery while K. P. was standing on the ground some twenty paces distant. The bleeding from the dorsal vessels had been profuse, but there was now only



Fermentative dyspepsia is often the cause of headache; give the treatment appropriate to the condition.

oozing. The alternative of taking the patient to a neighboring house or carrying him three miles to his home was presented and the latter course was chosen.

While an express wagon was being prepared, I gave him a hypodermic of morphine and atropine, which steadied his nerves and fortified him against the shock which was already apparent. He stood the moving remarkably well. I extracted some small shreds of woollen goods from the front and a few spiculæ or rather small chips of bone from the back opening. The collar-bone was intact, which caused me to know that the



SHOWING POINT OF ENTRANCE OF BULLET.

spine had been struck and the ball slightly deflected from its course.

To insure permanent healing a soft catheter with a piece of silk attached and all made aseptic, first with hot water and soap and then with carbolyzed olive oil, was introduced and drawn through the whole course of the wound. Only a small flake of bony substance was ex-

Dilatation of the stomach causes gastric fermentation and toxic absorption; resort to lavage and digestives.

tracted together with some indications of beginning suppuration.

The general method of dressing pursued was, cleansing with hot carbolized water followed with absorbent cotton saturated with ecthol; then the wound was covered with iodoform gauze and bandaged. Light diet and salines comprised the regimen for several days. The fever did not go over 100, except one day. The patient was discharged on the thirtieth day.

For some days after the wounding there was a numbness amounting to par-



SHOWING POINT OF EXIT OF BULLET.

tial paralysis of the right hand and arm, owing to nerve lesions. Under a course of systematic massage there was steady improvement; but when the patient was discharged there was still a slight loss of proper sensibility. He had good use of the arm though the shoulder was slightly drooped. I predicted for him a fairly good arm. I saw him a few months ago,

out overseeing his business. He claims that his arm still feels a little unnatural, but he is doing as I advised, attending to all light work.

Will the editor and some of the CLINIC readers venture a prognosis?

JOHN F. NEAL.

Lytle, Tex.

—:o:—

There is certainly little to criticise in the treatment of this case. The man made a good recovery—and that is the main thing! The tendency of the times in the treatment of wounds is to interfere less and less. In the war in the East many of the Jap soldiers recover with no other treatment than the “first aid” dressing—a simple protective. Unless a penetrating wound is known to be infected it is better to let it alone, providing for drainage, of course, and being on the watch for complications; our probings, irrigations, even our repeated examinations, too often contribute an infection which was lacking before. We leave to the “family” the question of prognosis. We incline to the opinion that this man will eventually have a good, though possibly not a perfect arm and shoulder.—Ed.

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SHALL THE MEDICAL PROFESSION BE UNIONIZED?

At a recent meeting of the Physicians' Club of Chicago the subject under discussion was the relation of the medical profession to unionism. One of the best speeches was made by our good friend, Dr. A. C. Croftan, with whom the CLINIC family are well acquainted. We have taken the liberty of reproducing it here. The question of organization is a

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The French Premier, M. Combes, and one-third of the French Chamber of Deputies are physicians. The French know “a thing or two,”

“Persodine” is the latest antidote for carbolic acid poisoning; it is a mixture of sodium and ammonium persulphates.

vital one. What form shall it take? Let Dr. Croftan answer the question:

"When your committee honored me with a request to open this discussion, I assured your secretary that the only position I could defend would be 'Why the Medical Profession Never Should be and Never can be Unionized.' I regret the absence of Mr. Donnelly, because I was anxious to base my discussion upon his exposition of the advantages of unionism for butchers. As it were, I will have to imagine what he would probably have said, and speak somewhat disconnectedly, because there is no testimony that I can attack in rebuttal.

"A Union, as I see it, is a combination of many individuals possessing the same qualifications and following the same pursuit; its object is mutual benefit for all the members composing the Union and the advancement of their common welfare; by implication the idea of offense and defense against those outside of the union is furthermore conveyed. The notion of defense implies antagonism, and a struggle with opposing interests. In fact, without such opposition, there would be no need of banding together for strength, and hence the opposition, passive or active, to the individuals forming the union is the chief *raison d'être* of unionism.

"The question arises, Is there sufficient opposition, sufficient antagonism to us physicians, as individuals or as a class, to warrant our banding together for our mutual benefit and for common defense? On first sight, it would seem almost ridiculous to assume that the people at large, whose physical well-being is professedly in our hands, and who turn to us when suffering, should entertain against us any feeling of antagonism, but if we

carefully analyze the attitude of the public towards the doctors, we will find that it is not one of unqualified respect and admiration throughout, and by no means one of unmixed gratitude and unreserved confidence. Many people take a weird delight in claiming that they "fooled the doctors." They don't always praise us for what we do, and have even been known not to be backward in upbraiding us, even of refusing to pay their bills. I think the attitude of the public at large toward the medical profession can best be characterized as one of *amused suspicion*.

"This attitude of individuals, while displeasing and not infrequently insulting, and occasionally unprofitable, is nevertheless not dangerous so far as the welfare of the profession as a whole is concerned, until it takes the form of active opposition on the part of legislative and judiciary representatives of the people at large. There is a growing tendency for legislative bodies to formulate laws inimical, or at least not favorable, to the best interests of the profession, and it is notorious that judge and jury are in the majority of cases, *a priori*, prejudiced against the claims of a doctor. We all know how difficult it is for a physician to secure an impartial jury verdict in medical suits. We all know of at least one judge in this city who is practically on record as never allowing a physician the fee he is forced to sue for. The press, finally, the exalted voice of the people, and the moulder of public opinion, how they delight in distorting the truth when it comes to matters medical!—largely, let us concede in justice to them, from ignorance; largely because they are so coached by eminently respectable members of our own guild; largely



In your cases of nosebleed remember that peroxide of hydrogen, pure, is the best styptic. Better try it,

Hackett (*Med. Record*) thinks he has a specific for typhoid fever, in blue mass and calomel! So many new specifics,

because they must have a sensation at any price, in order to sell enough papers to induce patent medicine venders to advertise in their columns.

"Two important questions arise: (1) What are the causes underlying this peculiar attitude of the people at large, that I am convinced exists? (2) What is the remedy—and is this remedy a Union of doctors?

"The first thing to determine is whether the cause is inherent in the people or in the medical profession; and if in the latter, must the fault be attached to doctors as individuals, or must it be sought for in the inherent defects and limitations of the practice of medicine?

"I am going to take the gentlemen of the laity, the common people who are here tonight, deeply into our confidence, and I am going to concede that the public is not guilty, and that the fault lies in part with us as individuals, in part with the practice of medicine as such, with all the absurdities and inconsistencies that still cling to it. For, after all, the practice of medicine, as we may read in the latest and largest French Encyclopedia, is 'an art based upon conjecture,' and the physician is one 'who sometimes cures, often relieves and always consoles.' (I doubt whether our patients would be willing if they knew to pay for consolation at three or five dollars a console!)

"I think it is time that we should teach the people to divorce the practice of medicine from all the mysticism, all the semi-religious flim-flam, all the bluff, all the conscious and unconscious lying and deceiving that has clung to it for all these centuries. We owe the people a square deal. We need not put it to them brutally, because they probably would

not understand, and might shy off in still greater numbers than they do now to the fakirs and divers pathists; and to the Christian scientists and Dowieites, who pray for them and prey on them outside of our ranks. But we could break the news gently, could predigest it, sugar-coat it, and make it pleasing to the taste; and I think that is what we are beginning to do.

"No, the people are not to blame. The practice of medicine is full of conventional lies; the people are beginning to appreciate this, and refuse to be lied to any longer—even conventionally. The trouble with us is that, to use a business expression, we fail, in the majority of cases, to 'deliver the goods,' and that nevertheless we receive pay for what we contract to deliver or at least what our patients *think* and are led to believe we agree to deliver. It is in this particular that our profession differs radically from any other profession or business. A client employs an engineer or an architect to repair a broken bridge or reconstruct a dilapidated building; the damage is inspected, a plan of repairs with all specifications submitted, a fee agreed upon, the job let to the lowest competent bidder, and the work done; when the transaction is closed the bridge or the building is repaired; the 'goods have been delivered.' How different it is many times with us. A patient comes to us with an organic lesion of the heart, or some degenerative disorder of the nervous system; we know perfectly well that the damage itself is beyond repair; and still *we* must undertake the case with a full consciousness of our limitations, and however much we may regret these limitations, we rarely take the patient or the family fully into our confidence. We



The American Association of Physicians is to meet in Washington in May. Fitz, of Boston, is the new president.

The Chicago Homeopathic and Hahnemann Medical Colleges have consolidated; the school will use the buildings of the latter.

cannot very well do it, because the human element enters so strongly into our work; we *want* to help, and we don't want to confess even to ourselves, much less to the suffering, afflicted mortal, who looks to us for aid, how little we can do. The engineer would say, 'Throw the thing on the junk heap and get a new one,' but we can't say that to a man whose wife is sick!

"So much for the competent practitioner who can diagnose his cases, who realizes the limitations of his art, and who, for reasons of humanity, does not tell the truth. He is, further, often deterred from being quite open with his patients by the knowledge that they will turn from him, who is honest and open and who *knows*, to one who is untruthful and crafty, even though he doesn't know, or who is ignorant and hence blissfully hopeful and willing to promise anything, in order to pocket the fee and to take full credit if by some chance the case recovers. In the latter case the honest physician, who has made a guarded prognosis, is held up to ridicule; he has been 'fooled,' and the blatant ignoramus who made a good guess is extolled as a wonderful physician, 'who pulled the patient through.' I have often wondered whether we more often reap extravagant praise for cures we didn't perform or whether we are more often execrated for sins of omission or commission that we did not perpetrate.

"You see, therefore, gentlemen, that two elements enter into this conventional lying that the people are beginning to resent—on the one hand, the human side that induces us to hide the limitations inherent in our art; on the other hand, the craftiness or the ignorance of many of our colleagues, who would for gain sure-

ly neutralize any educational effects exercised by us upon the lay mind by open and honest statements.

"Now, what is the remedy for this unsatisfactory state of affairs? How can we and the public who employ us work harmoniously together, so that there may be no misapprehensions, no false pretences, no bluff, no dishonesty, no conventional lying between physician and patient?

"For only in this way can the opposition of the people to the profession, and the heart-breaking discontent that has possessed itself of the soul of many an honest and honorable physician be stopped. Can a Union of doctors accomplish this, or a Trust perhaps? Decidedly not.

"The reform must begin with individuals among us; 'ideals must become personal before they can become communal.' Herein lies the fundamental difference between Mr. Donnelly's butcher workmen, or any other trades people, and the members of a liberal profession. The former all perform the same work in the same way; for instance they rip the bowels out of a cow—one man can do this as well as another, and all differences in skill can be adjusted in such a manner that the standard of the least skilled becomes the universal standard. If Mr. Donnelly's men are working for \$2.00 a day, and get the notion into their heads that they should receive \$2.10 for disemboweling a certain number of dead cows, why then they are perfectly justified in trying to enforce that demand—and to unionize for the purpose, if that is the best way to do it. In other words, they form their own estimate of the value of their services and they attempt to force this estimate upon



Have you read the report of the work of the consumptive camp at Ottawa, Ill., conducted by Dr. Pettit? It's doing great work.

In spite of the fact that many of the cases at Ottawa were advanced, a majority of them have been benefited.

their employers. And, let us bear in mind, they certainly deliver the goods—those cows have their bowels out when Mr. Donnelly's men are through with them.

"Not so with us—unless we choose to except the surgeons—not so with the medical man. He can't *agree* to cure his case, consequently he can't put a fixed value upon his services, nor ram his own estimate of what he *thinks* he can do down his employer's, i. e., patient's, throat. On the other hand, he never wants to feel that he can't do a little better than his competitor, he does not want to be judged by the standard of the least trained, least skilled, least competent of those qualified (?) to practice medicine. His standard is not the lowest, but the highest. A physician should be and usually is an individualist. His patients want *him*, not any doctor, and the estimate he can place upon his services is altogether governed by the laws of supply and demand, as far as his particular, personal services are concerned, not as the services of doctors as a class may be rated!

"One feature of unionism appeals to me, and I consider it applicable to us. I believe in limiting the apprenticeship, limiting it in the sense that we make the entrance into the profession of medicine difficult. Let no one be consecrated a minister to the sick unless he be duly qualified by training, by education, to recognize and to understand disease and to manage the individual afflicted with disease. He should first thoroughly understand the technic of his work. Let him not however, be a mere practitioner of medicine; let him be a treater of the sick, a man of tact, a man of honesty, and a gentleman. I am a great believer in the element of *adaptability* as an en-

trance requirement into any profession; in the university career, in the diplomatic service, and in the army and navy career this point is very seriously considered. Why not in the medical career?

"I believe, furthermore, in a united profession with a central autonomy vested in a Court of Honor that should be national in scope; a tribunal before which can be haled the unscrupulous and the incompetent alike, a body that must qualify and may subsequently disqualify a physician; a body with power to restrain and disbar and publicly brand as unworthy members of our profession, those who stoop to venal commercialism, the givers and the takers of commissions, the writers of decoy letters, and all those who utilize the newspapers for blatant self-aggrandizement—also the unscrupulous surgeon who, for the sake of the fee, opens an abdomen for gastric crises in locomotor ataxia, or removes a healthy appendix—in short, a body intended to elevate and to hold up the standards, to give publicity in medical matters when it is to the best interests of the profession and the public, and to impose secrecy when the honor and the standing of the profession demand it.

"With a clean and competent and honest, but of necessity limited, number of men, constituting our profession, with a central governing board high in the esteem of all, there would remain for us the chief task to be carried out that alone can improve our usefulness to the community at large, and to ourselves.

"I mean the increase of medical knowledge, the combating of that tendency to therapeutic nihilism that continues to emanate from the State of Maryland and other localities along our Eastern seaboard, and that casts the blight of its



The Ottawa consumption experiment is under the auspices of the Illinois State Medical Society. A pointer for the rest of you!

Now Keim says that sugar is an oxytocic, a true stimulant to the uterus, useful in labor; ladies beware!

sterile skepticism over all this land. Given peace among us and good-will to all men, and the horrid and exhausting chase for the 'damned guinea' will no longer have to be so strenuous nor so grinding; we will all have enough to live on, and in addition enjoy the inestimable satisfaction, that should compensate us for many material deprivations, of belonging to an honored and honorable profession. We would then find, all of us, more leisure and more inclination to prosecute original research at the bedside and in the laboratory, and above all to *cultivate therapeutic resourcefulness* and thus be enabled ultimately to really more often 'deliver the goods' our patients clamor for.

"We, as physicians, who are in daily contact with the sick, who are painfully awake to the need of new light on a thousand clinical problems, could then assume the task of experimental clinical research that we Americans are temperamentally so eminently fitted for. The more imaginative, the more inventive among us would surely solve many problems that are crying for solution. Nearly every *great* medical discovery has been made by a practitioner of medicine and not by any of your cloistered incumbents of a university chair, whose horizon is circumscribed, who are not in contact nor in sympathy with living problems, who are capable only of pin-point concentration on some specialty. We physicians must attack the problems seriously, that for the present are being played with by a small army of half-trained research fellows under the guidance of a few capable specialists of the above type, and of some medical men who never did nor never will inspire any research work, but whose social or official connections

have enabled them to secure the endorsement of research institutions where science is 'fostered' officially by our honorable multi-millionaires. Little of value has ever emanated from such institutions; what they need is fewer buildings, less real estate, less of the flabby complacency of mediocrity—more of the driving discontent of talent; more brains! Unfortunately the more virile thinkers on this side of the Canadian border are not attracted to places where much independence must be sacrificed to the glory of the millionaire in steel or oil.

"All this will be changed, I hope, some day. We will have a *united*, but not a unionized, profession—free, liberal, honest and honorable; each member carefully chosen, in touch and in sympathy with the people, holding high the banner of Humanity and of Science, and governed by a code of ethics that shall not be stilted nor artificial, but that shall be synonymous with the tenets of this ancient and honorable, aristocratic, international *Brotherhood of Gentlemen!*

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Dr. Croftan speaks as a conservative, and some of his strictures upon the conventional lies *do* seem a little severe—perhaps not always deserved. But the undercurrent running through this fine speech is a plea for higher ideals. In this desire to make our profession better are we not all agreed? We need a clean profession and a united one—and one which gives the people what they need—real help—ED.

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THE DEFERVESCENT COMBINATION—WHY IT IS EFFECTIVE.

I have read with great interest Dr. W. L. Coleman's article on "Dosimetry vs.

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Dionin and veronal are the latest remedies to be suggested for the treatment of morphinism.—*Jour. Med. de Bruxelles.*

Pneumonia is relatively far more fatal in Chicago than in New York. The contrary holds good as to consumption.

Fads" and endorse every word of it. It is like "apples of gold in pictures of silver." It is worth its weight in gold; even the doctor's sneeze at near the end is beyond price in point of value, and in point needs no qualifying adjective.

His great age and long experience add weight to the words of wisdom in the article, and if the doctor will pardon a mere student in comparison with himself, offering a few lines in regard to a part of his paper, I think I might point a medical moral or adorn the medical tale thereby.

To forestall the charge of hair-splitting or verbal quibbling the importance of clear discrimination and the recognition of the nicest distinctions is nowhere more important than in medicine, which in its true character is the most exact of the sciences, and failure to mark these distinctions is the bane of current medicine, and the reason why the old system of extracts and tinctures and powder, and the polypharmacy of half a dozen salts in syrup, with jackass and goat serums and much other truly unscientific medication, is in vogue.

The consideration of these facts leads Dr. Coleman to conclude that "medical men seem to have gone daft."

The one point I wish to take up in the article is the statement that "strychnine is a defervescent," and that "strychnine has the power to triple or quadruple the power of the others," the aconitine, veratrine and digitalin, as defervescents. Now the fact of defervescence following the administration of the trinity of drugs named, and of its tripling or quadrupling on the addition of strychnine I know from personal experience or observation to be a fact, but the statement of the indubitable fact is so crude and general

as to be scientifically incorrect and misleading. Permit me to make good my position in the interest of scientific medicine. Clear discrimination, nice or exact distinctions—hair-splitting, if you will—are here in demand.

We begin with the word defervescence.

It is a compound term, *fervescence*, to grow hot, or fever, *de*, from—*defervescence*, fever declining. Fever, then is heat or growing hot, with the entail. But the question, what grows hot? What occurs when the heat arises? Why did the temperature change? What causes the rise in the temperature and what effects it, or brings it to pass? Was less heat generated, or more dissipated, or both? What happens in the defervescence? What are the factors in the phenomenon, the chief and the secondary or subordinate? Where do the drugs come in and what part do they play? If drugs are defervescent, if strychnine is a defervescent, even directly, and if it has the power to triple or quadruple the power of aconitine, veratrine and digitalin as defervescents, then the powerful part played by drugs is an important matter and should be possible, and is, of definite determination. What is meant by the statement that these drugs are defervescents? They do not defervesce. The change in temperature in which they are factors has no reference to any changes of temperature as to the chemical substances of the drugs. The defervescence is of and in the organism. It is an organic phenomenon, it is protoplasmic. The question before us is this: Specifically and exactly what part do the so-called defervescent drugs play in the decline of the fever?

The "defervescent trinity" (finely convenient term) is given in high tempera-



Traumatism caused 542 fewer deaths in Chicago during 1904 than during 1903. The block system on railways saves many lives.

In 1904 were killed in Chicago 998 by accident, 423 suicides, 135 manslaughters, 324 by railroads, 125 by street cars.

ture and soon the fever declines, or rather the temperature falls. Aconitine alone is sufficient in many cases. The defervescence is the action of the organism originating in the protoplasm of the cells. The only action of the drugs is chemic action, and the decline in temperature, i. e., the protoplasmic action which effects the fall in temperature, is in response to the chemic action of the drugs. The protoplasmic activities which are put on exhibition, so to say, in lowered temperature (which is only part of a very complex phenomenon) and the agency which had effected the growing hot previously, are modified in their activities by the influence of the chemistry of the drugs. Drug action is simply chemic action which is caused by the modified or changed protoplasmic activities, the agencies in all organic phenomena. In this we have the pith and central principle in scientific medicine.

Give aconitine in fever and the temperature declines. Give veratrine and a like response follows. Try digitalin and the response is not the same as before, yet when added to the previous two drugs the defervescence is more complete and satisfactory. (The why of this we can't stop to question about.) When strychnine is added to the previous trinity the defervescence is tripled or quadrupled, as Dr. Coleman shows. A different response follows the administration of different kinds of drugs. We know, empirically, that the protoplasmic response to aconitine is similar to that of veratrine. Why? The response from the exhibition of digitalin is not like that of the two previous ones; the response to strychnine, unlike that of either of the others mentioned. The result of their combination is well known, and raises

profoundly important question for consideration.

The chemic action of aconitine consists in the tumbling apart of its molecules under the influence of its new environments, i. e., within the organism, and their recombination among themselves and mayhap with other atom groups intercellularly or possibly intracellularly. The chemic action of aconitine and veratrine in themselves and with other molecule groups with which they now come into juxtaposition is, naturally, much more complex and the response, protoplasmically, the same in kind but intensified in degree. It happens (I mean in respect to our knowledge) that the protoplasmic response to digitalin, which is not the same as in case of aconitine, is harmonious and helpful in the protoplasmic response from aconitine and veratrine when given in combination with them. It happens too (as before) that the response to strychnine, which is different from either of the others, when given alone is harmonious and helpful in a triple or quadruple degree when given in combination with the trinity of drugs named, an infinitely valuable piece of medical knowledge.

To think out the varied and added complexity of the chemistry of these single and then combined drugs is something startling, the question of incompatibility being an intricate one. When one thinks that, "one gram-atom of platinum diluted to 70 million liters has a definite catalytic effect upon more than a million times its amount of hydrogen" (Cohen) the clinical influence of drugs upon the protoplasmic activities looms up in importance. Slight changes in atom groups, and equally slight changes in temperature, effect and produce



Pneumonia: *Veratrum* indications: Full, strong, bounding pulse; give to effect little and often; add morphine for nausea.

Pneumonia: *Aconite* indications: Small, frequent, hard or wiry pulse; hot, dry skin; little frequent doses.—*Ecl. Med. Jour.*

changes in chemic action, and these in turn influence the protoplasmic response. These facts should not be lost sight of in giving of drugs for other than defervescent purposes in cases of high temperature if, indeed, such administration of other drugs is required or safe.

I have written a much longer "letter" than I intended and have said not half what I wanted to, but have I not made it apparent that the power in defervescence is not in the drugs but in protoplasmic action, which is the response of the organism to the chemic action which is produced in the protoplasm? When this principle is fully recognized the so-called germ theory of disease, and much else in medicine today, will be eliminated or remodeled and reconstructed in harmony with the clearer conception of the nature of the vital processes, which Virchow came finally to realize as the central and vital principle in medicine.

JOSEPH CLEMENTS.

Nutley, N. J.

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The mode of action of our remedies will, we think, eventually be made plain in some such way as Dr. Clements has outlined. The rise of the "new chemistry," the development of the so-called ionic theory, the newer contributions to the subject of immunity are doing much to solve the problems of vital action. The changes in the body are undoubtedly fundamentally chemical. This being the case definite chemical remedies present the rational therapeutic outlets of the future.—Ed.

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WHAT WAS IT?

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I should like to report to the members of the CLINIC family, the following case

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Pneumonia: Jaborandi for fever; dry, hot skin; nervous excitement; muscles twitching; patient very restless.—*Ecl. Med. Jour.*

which is both unusual, and so far as I know, unique. The history is as follows:

Etty McC., aged 23, white, came to my office Feb. 23, 1903. On the left arm, at the junction of the middle and upper third, three ecchymotic spots appeared, marking the sites of three vaccinations performed in Pittsburg during an epidemic of smallpox in that city some months previous. Temperature 102.3-5° F., pulse 96, tongue badly coated, breath offensive, extremely nervous. She said that none of the vaccinations had taken. They were intensely painful, the skin over the spots was smooth and glistening, the discoloration apparently below the surface. A simple lotion was prescribed, bowels thoroughly cleaned out with calomel and saline, and the patient ordered to report next day.

During the night I was hurriedly called to her home and found her in the following condition: The entire arm, from the points of vaccination to the elbow, was enormously swollen and edematous. The surface was covered with a yellow blister from which serum was oozing freely. The spots had coalesced, the skin over them was dry and shrunken and presented the appearance of a typical local gangrene. The pain was excruciating, temperature 104° F., pulse 120, patient frantic.

Hot applications were begun immediately of 1 to 3000 solution bichloride of mercury, morphine and strychnine were administered hypodermically and in three hours the swelling had somewhat subsided, but blisters appeared on the elbow and over the outer portion of the forearm, covering a space about the size of the palm of your hand. Two hours later these new blisters discharged their serum. The skin became dry, shrunken, yellow,

Pneumonia: Bryonia for hard or vibratile pulse; chest pain lancinating or stabbing; frequent hard, dry, irritant cough.—*E. M. J.*

and of a consistency of rawhide. Dr. T. H. White, of Connellsville, was with me in consultation in the afternoon. The patient was anesthetized, the gangrenous area in the upper arm was excised, going freely into the sound tissue, the beginning gangrenous area in the forearm cut down to the healthy tissue, the whole dusted with iodoform crystals, a loose dressing applied, stimulants administered, morphine repeated, and patient left very comfortable.

Feb. 25, I found the patient in good spirits and comfortable; temperature 100 2-5° F., pulse 87; tongue still coated, breath not so offensive, and swelling almost entirely disappeared from the arm with but little pain. She progressed nicely, the wounds granulating freely and clean until March 17th. During that night her father came home gloriously drunk and proceeded to clean out the house, smash the furniture and make himself generally obnoxious.

I was called hurriedly in the morning. The entire scar in the upper arm, and the granulations which had not yet been covered, were a deep purple in color. The forearm had not changed. In the course of the next two hours, and in fact so rapid was the change that it could almost be noticed, the color deepened. Serum was exuded profusely; it dried, became hard, color changed to a deep black and the whole area shrunk and sunk below the surface of the surrounding tissue. Pain was excruciating. Later a white line of suppuration appeared about this gangrenous area, temperature rose to 104° F., pulse 115; patient again extremely nervous, almost delirious. Hot applications were again resorted to and morphine and strychnine administered. The following day poultices were ap-

plied and kept up continually for forty hours. Almost the entire area sloughed out and in a day or so granulation had again resumed.

To make a long story short, this procedure, the appearance of gangrene, its removal by excision or sloughing, the appearance of healthy granulations progressing through an uncertain period, the reappearance of the gangrene, etc., etc., continued over a period of eighteen months. During that period the gangrene recurred fifty-two times. Almost invariably its appearance was coincident with the appearance of the menstrual functions. Often it was coincident with some exciting domestic incident; in fact, the slightest disturbance of the nervous system, whether due to some external cause or to some derangement of digestion or bowel function was sufficient to cause the reappearance of the whole phenomena. The treatment was supportive and eliminative, and along these lines the whole range of therapeutic remedies was well nigh exhausted.

Finally, through a happy (for her) chain of circumstances, she was removed from her family and accompanied by her mother and one sister, took up her residence in a neighboring village. From that time she had but one recurrence, after a very thorough and careful excision. The wound now healed kindly and without incident and she has been well up to the present time. There was never at any other time, any appearance of trouble in any other part of the body, save one. On Jan. 3, 1904, there appeared on the abdomen a spot immediately over the left ovary, which went through precisely the same cycle. This was excised, and while it never healed entirely, it has never again became gangrenous and



Pneumonia: Asclepias for infantiles; skin dry, cough harrassing, pulse fast, chest pains shifting or erratic.—*Eclectic M. J.*

Pneumonia: Lobelia for chest oppression; pulse ditto, bronchioles choked with mucus; full dose in water.—*Eclectic Med. Jour.*

causes her no trouble. I examined her shortly after the appearance of this spot and found the uterus somewhat enlarged, a mucous endometritis, the right ovary somewhat tender, the left ovary extremely tender. The sore on the arm is still painful during each menstrual period, but otherwise the patient is as well as could be expected considering the condition of her uterus and ovaries, which are improving under appropriate treatment.

Now what was it?

E. R. MYERS.

Ursina, Pa.

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This is certainly a puzzler. In reading the description of this case the attention is likely to be riveted upon the remarkable local condition—what appears to be a most intense infection with some deadly germ. But if we stop to think a moment, What germ is there which is capable of producing such profound disturbances as these in such an incredibly short time? We can think of none. Then the remarkable reduplication of all the symptoms at such short intervals, and so many times, raises other questions of doubt in our mind. We are not prepared to say that some infection did not play a part in the trouble—but what?

In our opinion the cause of this ailment was hysteria or an allied neuropathologic condition. The vaccination scars (too remote as a cause of the local affection) were the foci for the morbid attention of the patient. The remarkable rapidity of the appearance of the skin lesion, the frequency with which it was repeated, the association, in practically every case, either with a nervous or psychic storm or the menstrual period,

the disappearance of the skin trouble with removal of the nervous stress, the tender ovaries (hysterogenetic zones), the fact that there is no history of other similar infections in the house or the locality, the patient's age, a neurotic inheritance (probably)—all these point toward hysteria. Yet this is a remarkable case and it is not safe to be too positive. We'll pass it on to the CLINIC family.—Ed.

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PRESCRIPTIONS VS. SINGLE REMEDIES.*

The employment of the active principles in medicine strongly opposes the habit of depending on prescriptions. Given, a remedial agent whose effect is uniform in the nature and the degree of its action, and the physician learns to study his case till he sees the indication for this remedy, and then he administers it until he perceives the effect he desires. If he has correctly estimated the need, and knows the remedy, the result is not doubtful, but absolutely certain. His therapeutics takes from this a character of precision, of decisiveness, to which no approximation could be had under the old system. Hence, the use of active principles leads to the selection of single remedies for single indications. To give two or more medicines for a single indication would needlessly complicate matters, obscure the result, and hark back to the old, idle, vicious system of giving a number of remedies in the hope that some one among them might happen to meet the true indication, which is not really recognized by the prescriber but only guessed at.

*Reprinted from the *Illinois State Medical Journal*.

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Pneumonia: Ipecac for early stage, with irritation, hacking cough, persistent; small hourly doses.—*Ecl. Med. Jour.*

Pneumonia: Sanguinaria for later stages; mucus irritating but not raised, small hourly doses.—*Eclectic Medical Journal.*

Numerous prescription books find ready sale. The most popular work on therapeutics is that which contains most prescriptions. The pocket case records are padded with prescriptions, that the practitioner may turn to them and select a formula that he guesses may fit his case, trusting neither his own knowledge nor his memory. Possibly some retentive memory may hold the formulas for brown mixture, compound cathartic pills and chlorodyne, but the writer does not believe one physician out of ten thousand who daily prescribes these can give the formulas and tell what indication exists for each of the ingredients, and how to ascertain whether the effect of each has been secured, and just enough of the desired effect and no more.

If the practitioner will learn the effects of each remedy singly, so that he can thus recognize it when manifested, he will be an accomplished therapist, far above the ordinary physician. He will not allow a patient in a hospital, under trained nurses, to die of strychnine poisoning and never suspect it until the victim is buried. He will at once distinguish between the phenomena attributable to the disease and those due to any drug that may have been taken. And this does not seem too much to ask of the man who holds the lives of the sick in his hands.

But the use of single remedies to meet single indications does not imply that but one remedy is always indicated at the same time. Disease is rarely so simple. In its causation, its pathologic nature, and its phenomena as they develop, there are frequently more than one indication presenting. We may therefore administer several medicines at the same time, each to meet its own specific need.

We have then to watch for the desirable effects of each, ready to increase, diminish or suspend it, without reference to the other agents given simultaneously. Hence we rebuild the prescription we had demolished, but on a totally different foundation. Instead of a formula for typhoid fever, we have a combination of one remedy for the fever, another to sustain the heart, a third to disinfect the bowels, a fourth to subdue the tendency to nocturnal delirium, etc. And each of these remedies is given in doses nicely adjusted to meet the needs of that particular person, at that particular time, and is discontinued when the need has passed away. Thus the "prescription" may be varied every day; and is never the same for any two patients. It is a garment cut to fit the wearer, but elastic, expanding and contracting as the abdomen is filled or emptied, thickening as the days grow cool and becoming thinner when summer approaches. The old prescription is a suit of armor; if it does not fit you, and the enemy is at your gate—well, you can run faster without it.

Another step we have taken—a long one—and we must confess, a step backward. In some cases it has been found that the study of the conditions presenting in disease reveals a group of associated phenomena occurring together so frequently that a certain combination of remedies is indicated with corresponding frequency. This has led to the use of certain compounds for many cases. There are advantages and objections to this. The advantages are found in the ease of dispensing and taking a single granule instead of a number. The disadvantages are that the same dose and frequency of dosage is employed for different persons who may not respond



Pneumonia: Echinacea for sepsis, tissues full and dusky, a splendid remedy, then, in small, frequent doses.—*E. M. J.*

Don't be hidebound or stand in your own light; if the eclectics have anything good, why not avail yourself of it?

similarly to each ingredient. Moreover, the use of these compounds tends to renew in the practitioner the very fault we have been trying to eradicate—the dependence on set and inelastic formulas.

When the physician gets beyond the “a-b abs” of his work and begins to see beyond disease—names into disease—conditions, the phenomena of the vasomotors must impress him with their importance. In all febrile maladies and in a majority of others they are of cardinal importance. We know but little about them—we do not as yet know certainly whether we possess one, or two, or any special sets of vasomotor nerves—but the little we do know is priceless. To many physicians this talk of vasomotors is mysterious—it is Greek, or worse, Hebrew, or even Aramaic. But in reality it is simple enough to be explained on mechanical principles.

Take as an example pneumonia: The beginning of the pulmonary inflammation sees an increase of the blood in the pulmonary capillaries—ergo, their caliber is increased, and this means that the vasoconstrictors are weakened, or parietic, since they are unable to maintain the normal caliber of the vessels by normal tonicity. This vasoconstrictor paresis indicates the use of digitalin or strychnine, which directly antagonizes it and restores the normal tone. It comes under the category of foods then, since it imparts to the cells what they require to restore them to the state of normality.

But this state of vasomotor paresis is not universal over the entire body, but only in the “inflamed” tissues. There is no reason to believe that the total quantity of blood in the body has been increased; its distribution has been disturbed, the circulatory equilibrium has

been destroyed. As there is too much blood in the pulmonary capillaries, there must be too little in some other vessels. The caliber of the latter is therefore lessened, the vasoconstrictors are too strong for their antagonists, or are in a spastic state. We find that aconitine or veratrine will relax this spasm and restore the circulatory equilibrium by permitting the surplus blood to flow out of the dilated pulmonary capillaries into the vessels which should contain it.

By adopting either of these methods we combat the condition presenting in pneumonia, and accordingly we find one set of practitioners stimulating the parietic vasomotors with strychnine, digitalis or ergot, while another set relax the spastic vessels with aconite, veratrum, antimony or blood-letting. And each rightfully claims that the treatment is of benefit and saves far more patients than does the expectant, do-nothing method.

To the genius of Burggræve we owe the discovery that both principles of treatment may be applied at one and the same time; that we may dilate with aconitine and contract with digitalin at once; and that the results are better than when either of these methods is employed alone. At first sight this doctrine seems absurd—for how can we stimulate and sedate at the same time? But this is perfectly in harmony with the behavior of the cells of the body toward foods. All the supplies for the body circulate equally through the blood; the bone cells appropriate lime, the nerve cells fat and phosphorus, the muscle cells iron, the other cells take exactly what they require to maintain their physiologic balance, and no more. We do not find either taking what may be required only by others. If each takes what it requires



Scarlatina: Baptisia for sepsis with dusky eruption, tongue and mucosa, says Harrison. —*Eclectic Medical Journal*.

Scarlatina: Gelsemium may be called for by the usual indications with nervous irritability.—Harrison, *Ecl. Med. Jour.*

to maintain equilibrium, why draw a distinction between foods and medicines? There is none in reality. If the cell will be restored to equilibrium by a particle of aconitine the cell takes up the aconitine; if another cell requires strychnine, it takes it up, because that is what it requires. Hence the blood may carry both to every cell, and each will take up that for which its needs create an affinity; and physiologic equilibrium results. Hence the prescription of aconitine and digitalin together is based upon simple and easily comprehensible reasoning.

Digitalin has besides the important property of sustaining the heart, and this is universally admitted to be a cardinal necessity in the treatment of fevers. In some cases, known as asthenic, there is a greater need for such sustaining, and here it is customary to add strychnine arsenate, completing the celebrated trinity or triad of Burggræve. In other cases, known as sthenic, there is need for the heart-action to be moderated, and for the doors of elimination to be opened widely, and for these purposes Abbott added veratrine to the basal aconitine and digitalin, forming the defervescent compound. The indications for one or the other of these combinations occur so frequently that they are usefully employed in a single granule. In treating fevers it is easy to change from one of them to the other, and back again, as the indications vary from day to day.

Somewhat different in its nature is a combination frequently employed for the relief of pain of a spasmodic character—and very many such exist, like the colics. The agent indicated is the most powerful of antispasmodics, atropine. To this we add glonoin, because it dilates the blood-vessels quickly and allows the

atropine to be more rapidly absorbed and carried to the seat of disease. Glonoin relaxes spasm quickly but its effects are evanescent; atropine prolongs and sustains the effect. To these strychnine arsenate is added, for this reason: Spasm is not to be looked upon as an excess of nervous energy but rather the contrary. When the control of the nerves over any structure is weakened the first effect is spasm, which precedes paralysis. The use of strychnine in appropriate doses therefore increases the control of the nerves over their subject tissues, and in moderate doses combats the tendency to that disordered action that comes from imperfect control, which we denominate spasm. These three remedies therefore form a third triad, and one that is frequently required.

To illustrate the difference between these prescriptions and the older ones, take one purporting to come from one of the most distinguished therapeutists of the day—a man who knows better: For asthma he recommends belladonna, hyoscyamus and stramonium. Each of these contains the alkaloids of the *Solanaceæ*, atropine and hyoscyne, in uncertain, variable quantities and proportions. Give any one of them, and you may get the action of atropine or that of hyoscyne, in any degree from none at all to a toxic or even lethal effect. That makes two uncertainties to each—or six from the three.

Now if the physician deems it best to obtain the effect of atropine and hyoscyne together—they are antagonistic over a portion of their fields—why not give exactly as much of each as he deems advisable, instead of trusting to chance for his results? Of course, the chances are that he will get an atropine effect,



Scarlatina:—Echinacea for intestinal sepsis; for diarrhea of typhoid type, the intestinal antiseptics.—*Ecl. Med. Jour.*

Scarlatina: Lymphatic complications call for phytolacca, iris; painting over glands iodine, phytolacca, stillingia or veratrum.—

little if any modified by the hyoscine, which is generally smothered under its powerful sister. But why not then give the atropine at once in definite doses, whose effects are so well known that the nurse may be directed just when to stop? By this means all possibility of an overdose or an underdose is avoided. All that is necessary to say to her is: "Give the medicine until the patient is relieved; or until she says her mouth is getting dry."

With the combination of three solanaceous galenics it is necessary to add: "But the medicine may not do either, but put her to sleep; it may stimulate or sedate her; and you will have to watch for either of these effects."

Some clinicians may have nurses who can be trusted with such directions; but we have found uncertainty as to the effects to be expected from medicines about the most disastrous lesson that can be taught the attendants of the sick, breeding doubt and timidity as to the drugs and corresponding distrust of the doctor who does not know what his medicines are really going to do. Directions to nurses can not possibly be too simple and easily comprehensible.

W. F. WAUGH.

Chicago, Ill.



THE METHODS OF "OUR FRIENDS THE ENEMY."

We have at all times tried to be modest and above all never tried to be conspicuous. It seems now "patience has almost ceased to be a virtue." Tuesday evening last our attention was attracted to the program of the Jefferson County Medical Society. Dr. Phillip



Scarlatina: Apis mel. given continuously during the entire course of the disease will often prevent albuminuria.—E. M. J.

Barber was down for a paper before that august body on the "Alkaloidal Treatment of Bronchopneumonia." Now, not being a member of that society (for reasons best known to ourselves), we simply strolled in to hear the "alkaloidal crank," and in our humble opinion he handled his subject well and his claims were modest, his experience extending over eight years of practice.

He summed up the whole by stating that aconitine, digitalin, strychnine arsenate and veratrine were *the* great life savers and when given early and to effect, would abort most cases of bronchopneumonia; when given later the mortality would be greatly decreased in this most dreaded affection. There were only five of us "cranks" present when the other four had finished their little cranky talk.

I only wish you could have been present to have absorbed at least a little of the wisdom that came from the old fossils of the ancient university. Question one, by Dr. G., a professor for forty years, very sarcastically: "We can see how we would give aconite to an adult, but, Doctor B., will you tell us how to give this dangerous and deadly drug, aconitine, to an infant two months old?" You, of course, know the answer. But, when informed, he didn't say, "We will try it." Another gentleman, unknown to us, wanted to know how Dr. B. would know by the mother's testimony whether the child was better or worse. Poor fellow! I really felt sorry for him, for we have learned from practical bedside experience that an intelligent mother knows more, as a rule, about her infant being sick or indisposed than

Mucous pallor indicating anemia is due to the need for alkali to thin the blood and permit it to enter capillaries.—E. M. J.

the average galenical physician, and, when it comes to the ignorant mother, she will do what you tell her to do. And we always say, "If baby don't get better let us know." That settles it, the baby gets better! Can the old fossils say as much for their galenicals?

Our friend, Dr. Boggess, professor of Diseases of Children, Kentucky School of Medicine, came over and, as we thought, would stand "pat" with us; he held his own until nearly through his little argument; then he fell "in the soup" by saying "we" had "not been able to isolate the active principle of Old Kentucky Bourbon or good old brandy!"

But "the most unkindest cut of all" was when our friend, Dr. J. P. Hopson, arose to "*et tu Brutus.*" His little tirade was not directed against the remedies so much as against our gallant leader, Dr. W. C. Abbott. He "had received many samples and requests to give the alkaloids a trial and he had tried faithfully to get "results," but never could; in fact, it was "too much trouble to learn all over and begin again on active principles." Of course he had read your journal some and, after paying due consideration to the whole he raised himself up to his full stature and candidly admitted his "sheet anchor in bronchopneumonia and 'any old kind' of pneumonia was bichromate of potash!"

It's really too bad, Doctor, for once not knowing how to write, and having been kindly criticised by you for my horrible chirography I made a solemn promise not to write you another long letter. But let me say to you here and now, I once won a prize for being the best scribe in the State College of Kentucky

writing school. That was before I went to medical college and took notes. But this Jefferson County Medical Society put me into such a jolly mood I determined to let you know what a hard line of missionary work we local "alkaloidal cranks" have to do.

Now we never could let our friends be abused in their absence, and when it comes to a talking match we can hold our own in any old kind of company. I didn't want to expose our friend Hopson, but we do want to tell him he has not used enough of the active principles to know the color of an aconitine granule! I should love to camp on your trail about twenty-one days, then join the Jefferson County Medical Society and read a paper on the "History of Alkaloids" and incidentally call attention to a few of our good eclectic brothers and their remedies. Then possibly they could see the force of this joke the gentleman got off on a waiter:

He said he wanted two eggs, one fried on one side, the other one on the other side. The waiter came back from the kitchen in a few minutes with: "Mistah, the cook and I is in an argument; would you just as soon have dem eggs scrambled?" Now, we don't hold a monopoly on all the good drugs. But we have enough of the rifle-shot to hold our own in any kind of company.

I claim to be the first man in Jefferson County to use active principles. I have received the CLINIC since 1895. If we could only be of some service in helping to convert some of these dear good old fellows to the alkaloids then we could rest easier, knowing our duty to the profession and also to humanity had been done well. But our good book says: "Live at peace with all men" (so



A pale tongue with foul coating indicating sepsis calls for sodium sulphite, which will work a cure.—Henderson, *Ecl. M. J.*

Red mucosa with tendency to capillary hemorrhages indicates excess of alkaline salts in blood—give acids.—Henderson.

long as it's possible) and when we cannot persuade them, "leave them alone in their mire." But we think there is a good time coming; we may not live to see the day, but "earth shall gladden in the day of the good time coming."

I trust that you may live to see the day when the fight has been pushed clear through the camp of the enemy and that those who are blind now may then see.

S. D. W.,

———, Kentucky.

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We wish we had been there to hear Dr. Barber, but we would rather have seen you get up and have your say for we believe you have told them something worth knowing. It seems outrageous, doesn't it, to think of a professor asking how to give aconitine to a two-months'-old child? And it does seem remarkable that an intelligent and successful physician should try to "get results" with the active principles and fail. We suppose that pneumonia has been treated with potassium bicromate. It seems that it has been treated with everything from gin phiz to ice water and, as you will note, the pneumonia death rate is very large.—ED.

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SOME ACONITINE GRANULES DON'T DISSOLVE.

In a recent CLINIC Dr. Jones speaks of the granules and tablets (at least some of them) as being "inert," owing to their "insolubility." Now I am one that will "die in the faith" of the alkaloidal way of preparing remedies and treating disease. Knowing you will thank me, as you

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Merck's Report for December lists an anti-syphilitic serum, from animals inoculated with infected human blood. Know of it?

did Dr. Jones, I want to call your attention to the aconitine granules.

When I put them in warm water (very warm) it takes hours and hours for them to disintegrate, and if I use an instrument to mash them or help them to dissolve there is the residue or covering left entire, this seeming to be indestructible by water. Now this is a serious hindrance to their therapeutic value, for I am sure that in at least some cases they pass through the entire alimentary canal *in statu quo*. This is said in the spirit of friendship, as I know you desire to be made aware of any deficiency.

Dr. J. H. F. recently sprung a "new one" on me; that it is dangerous to give the primary cleaning out in measles that is so essential in other ailments, because of danger of hemorrhage from the bowels. I want to say that I first inquire about the condition of the bowels and unless they are in a satisfactory condition I use purgatives, almost invariably—to effect. If the tongue is coated I use hydrochloric acid; if not, I use either oil or saline, and I have never yet, in twenty-five years' practice, had any bad results from the "clean up and clean out" process.

I am especially fond of the "little giants," and I only wish I was so situated that I could confine myself entirely to them in my practice, but a country doctor can't do this.

Now, Doctor, I want you to either compliment me or "rap me a kick" or two, as may be needed in a case I will now state to you:

Long since, a patient of mine living about four miles in the country came in to see me for his ailment, which is hard to describe. However I will tell you

To prevent nausea after ethyl chloride, rub vinegar on the upper lip as soon as the operation is finished.

enough to be able to form an opinion. This man has been in a bad way for a long time, having been treated by several physicians, but with little benefit till he came to me. Yet, in his improved condition, he has some kind of a "spell," mostly due to a complication of hospital treatment and cardiac weakness. He got out of the buggy at the time I allude to, and came directly into my office. I saw that he was looking pale and very weak. He said: "Doctor, I am feeling very queer." It looked like a case of want of circulation, so I gave him a granule of 1-250 of a grain of glonoin and in a few minutes I gave him another, and in less time than it has taken me to write this his face took on a purple color and he became very much frightened, but I assured him he had the medicine needed for his condition. He soon "came around" all right but I am told, all the same, he and his friends are telling around that I "gave him poison and nearly killed him." Please tell me if my treatment was not just right.

A. C. H.

—, Alabama.

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The sequel of the story so far as the insoluble granules is concerned, is told in the following correspondence. We do not mention the name of the firm making the goods for obvious reasons. Writing the doctor a general answer to his letter we said:

We appreciate your calling our attention to the difficulty you have experienced with the aconitine granules. We should deem it a favor if you will bundle up the granules, or some of them, and send them to us at once. We have tested granule after granule (not in *hot* water but in *cold*) and in less than five

minutes (with the most gentle agitation) the solution has been complete. In the writer's experience (and he has dispensed thousands and thousands of aconitine granules) it has never been necessary to "mash" them. We cannot understand how such a thing can occur as you describe. We shall be more than pleased to have the opportunity to see these granules and find out what has occurred in this instance.

As regards your giving of the glonoin granules, it is impossible for us to state whether you gave the proper medication in the case or not, for we do not know just what condition the patient was in, but if he was pallid and showed signs of cardiac failure or circulatory stagnation, the amount of glonoin you gave him should have been nothing but beneficial. Bear in mind, Doctor, that glonoin often causes the phenomena you describe. Some patients have a peculiar susceptibility to nitroglycerin, and a single granule will caused marked flushing of the face, beating at the temple, and a feeling as though the head were about to burst.

We should advise you to take no notice of the foolish report which has been spread, but to go on your own way in a dignified manner and live it down. You need have no anxiety as to having made an error, but *entre nous* it may have been possible that it would have been better to have given this man strychnine and cactin than nitroglycerin. Look up nitroglycerin and its action and you will know just when to give it and when to leave it alone.

A day or two later the following answer was received; it speaks for itself and all the comment we would make is that it is essential to give granules of the active principles that *are* active. Cheapness and beauty of container don't count after all, when it comes to life and death. *Then* it's drug action that is wanted.

In reference to the aconitine granules I wrote you about I am glad to state that

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Darwin gave thanks that he had been preserved from the snare of becoming a specialist! says J. Arthur Thompson.

An editor, asked what weather was likely for next day, replied: "It will resemble your subscription." Unsettled!

by a mistake of my own (being of necessity, as I was out of the granules I usually use), I had transferred to my pocket case aconitine granules of ——— make, but as I said I could get no results from them, as they would neither dissolve nor show results in reducing fever, as I had been taught to expect. I have never failed to get results when the goods were right.

A. C. H.

The moral is plain enough, isn't it?
—Ed.



WHY SOME MEN FAIL WITH THE ALKALOIDS.

After much deliberation in the use of the alkaloids and the perusal of the CLINIC as it comes to me each month, I am prompted to write you regarding the reasons why so many members of the profession are somewhat slow to adopt alkaloidal medication. It is plain that many men who are not used to this form of medication will, after a short experience, discard many of the alkaloids because they do not learn the essentials of administration; too often they make poor combinations of their remedies and therefore fail to obtain the results looked for.

I had something of this feeling myself after a short practice with them, but that is all subdued now, after a "married" use of your granules. I could plainly see when first becoming acquainted with them that your principle was right, but it only depended upon experience in handling them and methods of application to perfect the rational opinion as to their efficiency. Many physicians expect too much too quickly, or, in other words, they do not take the time to study

into the essential details; instead of doing this, I fear they are too apt to adopt the proprietary remedies, almost to the exclusion of ethical methods of practice. I may be in some measure deciding wrong, but I feel that this is an easy tendency and quite possibly one that can easily dominate the busy man. By steady and persistent work on the right track, there is no trouble in conquering almost anything, and by mastering the action of a remedy it is easy to see that any sensible man will learn at least that the effect *in toto*, of a pure drug, exclusive of the "dregs," will be much more certain and more agreeable to the patient and doctor, while the trouble of ridding the *primæ viæ* of the drug residue is avoided.

I will tell you what I did in a case of hiccough last June. The patient was a male, age 75 years; had a sluggish liver and general indigestion. He had hiccoughed for two weeks and all the old-time remedies had failed to check the trouble except for a few hours, hypodermics of morphine doing the best work. I had just received your Digest (thanks to you for it), and after concluding that the nervous system must be at fault, I gave cicutine. He never hiccoughed after the second dose and made a fine recovery. He is alive and well today. Two years ago I saved the same man with emetine when he couldn't "raise" the phlegm in a serious form of grippe.

Thus I want to compliment you on what you, with your associates, have done for the benefit of the profession and secondly for humanity in general, for I am satisfied that many patients survive hard sickness that would have had



Dry heat may be applied with benefit for rheumatism by packing the affected limb in dry hot sand.—*Ther. Gaz.*

Graf has confirmed Paladino's discovery of coffearine, a second alkaloid in raw coffee.—*Merck's Report.*

hard work to do so under old-line methods. I am in no way flattering you, for this is one of the things I despise. I am slow to "grab" at new things, but I am your "friend" in the new ways you have pointed out to us, and I am sure that the profession in general will come into the ranks as soon as they study into the intricacies of your principles, and take time to find out their merits.

I would not pretend that I have mastered the principles of alkalometry, or even more than a small part of it, but the point I wish to make is, that I can readily see how very many of the busy medical men will discard remedies when they fail to get the desired action the first time they try them, and thus throw aside what, in times of need, may be their best friends.

F. C. MORGAN.

Felchville, Vermont.

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It is giving the right thing at the right time and in the right quantity which counts. The doctor is "out for effects" and how can he be sure of effects with remedies of constantly varying strength and filled with possible irritants and useless by-products?

Doctor, just because you *are* slow to "grab at new things" we appreciate your letter the more and your words of appreciation go to the right spot. But one thing we wish to emphasize: The principles of alkalometry are *not* hard. It is simplicity itself—because it is concentrated common sense. Every doctor should read the Digest and re-read it, then get copies of Shaller's Guide and the new Alkaloidal Therapeutics and before he knows it he will find himself on the "ground floor." But a superficial

knowledge of anything is unsafe. Doctor, we hope you will write again and tell us more of your experiences with the alkaloids.—Ed.



PALATABILITY PLUS POTENCY.

Just one of those happy illustrations of the advantage of the active principle granules over the old style preparations was offered at Bradford, Pa., recently. A local physician desired his patient—a lady—to take a mixture of the fluid extract of *avena sativa* and prickly ash bark. The druggist made up the prescription and handed it to the customer. Shortly she returned, stating that she "would die sooner than take another dose." The druggist curiously tasted the concoction and promptly vowed that hereafter he would take people's word as to the nastiness of things. While his mouth still required neutralizing the physician who prescribed the horror came in together with an alkalometrist. The druggist, not wishing to keep all "good" things to himself, asked the doctor to try the medicine. He poured out a dram into the graduate and the thoughtless M. D., forgetting the old adage that "a man should never take his own medicine," downed it. Then "there were expressions" as Aunt Martha put it.

The alkalometrist smelled the bottle (only *smelled* it) and, after finding out the ingredients, delivered himself of Wisdom thus: "My brothers; you see how easy it is to make a patient sick even though he were not so before; you also see how promptly you can get people into the habit of patronizing the homeopath whose medicines, at least, do *not*



Coramilas calls attention to the action of carbon disulphide against tubercle bacilli—parasiticide, antizymotic, etc.

There is no special vasomotor contractor nerve, the function being exercised by the general motor nerves.—Sajous.

turn the duodenum inside out. But, were you versed in modern methods, you would not offend the taste of your patients, neither would you have personally, 'bitter experience' like this. The active principle of *avena sativa* is avenin: that of *prickly ash*, xanthoxylin. Each of these is prepared in sugar-coated granules of the strength of one-sixth of a grain. One teaspoonful of that abominable decoction would presumably contain half a grain each of the active principles. Therefore, if you gave three granules each of avenin and xanthoxylin you would be sure of getting the full drug effect and your patient would not know that he had taken medicine. Neither you, Doctor, nor you, Mr. Pharmacist, can tell positively how much xanthoxylin there is to the dram of that fluid extract of prickly ash bark. Its therapeutic activity depends upon just that point however—though it would be just as *nasty* if inert. The same with your concentrated tincture of *avena sativa*. But, if you give the alkaloid in certain dosage you know that it must be absorbed and, therefore, you are *sure of results!* Permanency, potency and palatability, gentlemen, are the characteristics of the alkaloidal granules. Non-effectiveness, nausea and non-reliability mark the fluid preparations."

And there and then two converts were made for alkalometry.



THE ETERNAL PROBLEM.

"This world is very funny,
For no matter how much money
Man is earning he will spend it, and be
hard up all the time;



The dilatation of blood-vessels containing muscular coats is due to the elasticity of the coats, not to an active vasodilator nerve.

To his utmost he is straining,
To catch up without attaining,
'Til he makes his life a burden when it should
be bliss sublime.

"He who earns a thousand merely,
Thinks two thousand dollars yearly
Would be just the figures to make happiness complete;
But his income when it doubles
Only multiplies his troubles,
For his outgo then increasing makes his
both ends worse to meet.

"It is run in debt and borrow,
Flush today and broke tomorrow:
Financiering every which way to postpone the
day of doom;
Spending money ere he makes it,
And then wondering what takes it,
'Til he, giving up the riddle, looks for rest
within the tomb.

"Oh, this world is very funny
To the average man whose money
Doesn't quite pay for the dancing that he
does before he should;
And he kills himself by trying
Just a little higher flying
Than is suited to his pocket and his own
eternal good."

Now, the above doesn't appeal to the druggist, who gets what is coming to him and a rake-off out of the doctor also—and that last just makes up the little extra he needs to make him truly happy. But the doctor! He finds it hard to make both ends meet, because a share of his earnings goes to swell the bank account of another man; and that leaves just so much of a deficiency for the doctor to sweat and walk the floor about.

The average man makes an average living, and no more. When someone has more than this, some other one must do with less. Is it too much for a man to ask for his earnings?

Dilatation of the capillaries is accomplished by contraction of the larger vessels—it is simply elasticity.—Sajous.

AMONG THE BOOKS

In the *Practical Medicine Series* we have the volume on *Anatomy and Pathology*, by Dr. Evans; *Physiology and Bacteriology*, by Dr. Gehrman; and *Dictionary of New Words*, by Dr. Wm. Healy. The last is indispensable in reading medical literature nowadays. Price, \$1.00.

The volume of the same series, for September, 1904, contains: *Skin and Venereal Disease*, by Dr. W. L. Baum; *Nervous and Mental Diseases*, by Dr. H. F. Patrick, with the collaboration of Dr. C. L. Mix. Price, \$1.00.

If we do not speak of one volume as much as we do of another it is only for want of time and space. But we feel compelled to repeat what we often said, that this series of volumes fills a real need of the plodding every-day practitioner. Success to it in days and years to come.

The July, 1904, number of the *Practical Medicine Series of Year Books* is one of the best we have ever seen of the series. It gives comprehensive yet succinct available accounts of last year's progress in *Materia Medica and Therapeutics*, and a fine work it is, edited by an expert in that line, Dr. G. F. Butler; *Preventive Medicine*, by Dr. H. B. Favill, is meeting the growing demand for that department. *Climatology*, by Drs. Bridge and Claypole, makes us more acquainted with the climates available in our country for our patients. *Suggestive Therapeutics*, by Dr. Brown, is short, no more than is needed. And so is the

excellent paper on *Forensic Medicine*, by Dr. Moyer.

The price of the volume is only \$1.00. What physician is not guilty, if he does not get this volume? Better get a volume every month for only \$5.50.

Cheap and yet useful is *The Perpetual Visiting and Pocket Reference Book* of the Dios Chemical Company. Ten cents for postage.

Between typewriter and proofreader I was made, on page 1326 of the last December CLINIC to transgress the time-honored commandment, "*De Mortuis nil nisi bonum.*" On line 12 from the top, 2nd column, they made me say of the late inimitable Charles Godfrey Leland that he knew "no" better, viz., how to get out of a dilemma. I never thought of saying such a thing of the maker of Hans Breitmann. Please, reader, refer to that page and read "now" for "no."

Hare's Practical Therapeutics has now reached its tenth edition and has been thoroughly revised and largely rewritten. Only two years ago last August we reviewed the ninth edition, then just issued, and conscientiously said many good things about it. But this enlarged edition deserves even more. It is truly up-to-date, that is, if it is possible for a book in this department of medicine to be so at the end of the time that expires between its issue and its earliest reviewing. To be up-to-date now

we would have to review a book before reading it (as the manner of some is) and even before its publication.

We heartily commend this volume to the physicians and students who want to know all of medicinal and non-medicinal "Practical Therapeutics." It is in the main an excellent résumé of present knowledge upon this important subject—one of the best that we have. It is always practical and generally accurate. There is one exception, however, to be made here, especially for the alkalometrist, and that is what the author still says on page 63 about the alkaloidal aconitine, that it ought never to be given internally. This statement prejudices and prejudices against the use of *aconitine amorphous*, which is used and has been used for the last thirty years by the French dosimetrists and American alkalometrists by the millions of granules, without a single mishap. But there are certain things against which even the gods fight in vain.

The publishers, Lea Bros. & Co., set the moderate price of \$5.50 upon this book.

Mechanotherapy and Physical Education makes volume VII. of Solis-Cohen's System of Physiologic Therapeutics. The subject is excellently and fully treated by Dr. John K. Mitchell. Comprised further in this volume is a thorough work on Physical Education by Muscular Exercise, by Dr. L. H. Gulick, and Physical Methods in Ophthalmic Therapeutics by Dr. W. L. Pyle. This volume, we regret to say, is, like the other ten volumes, not sold separately. The eleven volumes are published

by Blakiston's Son & Co., at \$27.50. The amount and thoroughness of information given in this volume is unqualifiedly the best in medical literature. Every subject is written monographically by a thorough master.



From W. B. Saunders & Co., Philadelphia, we received for review of their Question Compends, *The Essentials of Anatomy*, by Dr. Nancrede; of *Materia Medica and Therapeutics*, by Dr. H. Morris; of *Bacteriology*, by Dr. M. V. Ball, and of *Nervous Diseases and Insanity*, by Dr. J. C. Shaw. The volumes are all revised and brought up to the examination requirements of 1904. The price is \$1.00 per volume. These "Essentials" are not intended to teach us the subjects exhaustively, but they will certainly show what we do not know of them, and like good friends will show us when we are likely to fail.



Die neuesten Arzneimittel und ihre Dosierung, inklusive Serum und Organotherapie in alphabetischer Reihenfolge, für Aerzte und Apotheker bearbeitet von Sanitätsrat Dr. Peters, prakt. Arzt in Bad Elster. Vierte Auflage, Leipzig und Wein, Franz Deuticke, 1904. Cost \$2.00.

In the July CLINIC of last year, page 758, we noticed favorably H. Bocquillon-Limousin's *Formulaire* as a book wherein "the latest remedies which have not yet found their place in our (the world's) pharmacopeias, can be found." That little book is in French. The book noticed above is in German, and is far more full, and exceedingly useful for



Agents that we speak of as contracting the capillaries simply increase the tonicity of the elastic walls.—Sajous.

The contraction of the larger vessels—arteries and veins—is antagonized by the elastic force of the capillaries.—Sajous.

the educated physician. The remedies and indications are given in an objective, impartial manner, together with places and prices. There ought to be enterprise somewhere in this country to reproduce the contents of these two valuable books in English, and continue to issue them with such additions and improvements as American practice is capable of giving.



Ups and Downs of a Virginia Doctor.
By C. A. Bryce, M. D., Richmond, Va.,
Editor of the *Southern Clinic*.

Years ago there came into our office a long, lean, sandy Virginian, who looked straight at you, with a somewhat defiant gaze as if he was expecting antagonism and ready to meet it more than half way. That was Bryce. We looked him over, concluded that if we ever got in trouble Bryce was the man we would feel comfortable to have at our back—and then and there began a friendship that has since endured and will endure as long as life shall last. Bryce is one of a type we love—big-hearted, honest, unassuming and without a mean drop of blood in his body. He started out in his native state with a big capital—his native worth. He was not of the haughty clique that arrogated to itself the earth, but like Patrick Henry, one of the plain people; and his path was not strewn with roses. But without wealth or social support he fought his way to recognition and held and holds his own among the proudest of the profession in his native state.

In this little book he has given us one of those delightfully naive personal pictures that reveal the writer to us and

endear him at the same time. It's just Bryce from first to last; his stern determination to succeed by sheer grit and hard work; his big kindly heart, and the half-aggressive attitude caused by the rough shoves he received in his earlier days, typifying in himself that "every knock can be made a boost" if rightly taken.

We might call it a family book, as the name of Mildred Bryce on the engravings shows the participation of his gifted daughter—but does not a real man become in a manner merged in his family so that his work and theirs become inseparable?

The story is one of those that read best between the lines, for thus we gather the life history of a typic American, one of the class who make the country what it is—a place for the honest worker who will push his way up despite all obstruction. Place it beside Carnegie's book of advice—we forbear to compare or to comment. Send for this book—just a dollar that you will never miss, to the author or to the CLINIC.



Multiple Personality; an Experimental Investigation into the Nature of Human Individuality. By Boris Sidis, M. A., Ph.D., and Simon P. Goodhart, Ph.B., M. D. This book discusses phenomena which are of peculiar fascination, since they touch the borderland of the known and the unknown. The basis of author's studies is the neuron system, which with its aggregation of nerve cells acting in groups, as units, is made the prototype of human individuality. "Personality," they say, "is but relatively a unity, it is really a complexity of many subordinate



There is a difference in the effect of atropine and of strychnine on capillaries. Sajous generalizes too far.

The crying need today is for good working theories on which to base a rational system of therapeutics.

units." In other words it is possible for a portion of a person's "individuality" to be detached, *en bloc*, and go to house-keeping for itself! Many interesting examples are described and explained on this basis. Much of the phenomena ascribed to spiritism and the like are shown to be capable of rational comprehension.

The greater portion of the book is given up to the discussion of a very remarkable case of double personality which the authors had an opportunity to study in detail: This was the case of the Rev. Thomas Hanna, who following an injury, completely lost remembrance of his past life and became an infant again, without coördinated movement, color sense, speech or even the ability of feeding himself. These faculties were gradually restored. He learned to read, write, speak and reason, but remained another person to all intents and purposes. Gradually, by a series of carefully-carried out educative methods, the bar of amnesia was crossed and he became once more the single individuality. The book is intensely interesting, and throws a flood of light upon this type of memory loss. Needless to say it is handled in a thoroughly scientific manner. D. Appleton & Co., New York. Price \$2.50.



The Way to Win is the name of a new magazine to be published February 1st by Alfred S. Burdick, at "The Home of the CLINIC." While it is designed especially for young men, it will try to reach men of all ages who still are interested in methods of attaining success. As a motto it might take that thoughtful proverb of Elbert Hubbard: "Blessed is the man who has found his work." Both

the doctor and the doctor's boy will find it full of inspiration and real practical help. Dr. Waugh will have an article in the first number on "Some Openings in Louisiana." Some other articles to appear in early numbers are, "Where shall the Young Doctor Locate?" "The Art of 'Getting Next'," "Side Lines for Busy Men," "The Drift Southward," "What Americans are Doing in Cuba," etc. Dr. Burdick, the editor and publisher, will perhaps be recognized as one of the staff of the CLINIC. The subscription price is but 25 cents a year or the magazine will be sent three months for 10 cents. Address, The Way to Win, 1412 East Ravenswood Park, Chicago.



The Nose and Throat in Medical History. By Jonathan Wright, M. D., Brooklyn, N. Y. Readers of *The Laryngoscope* will remember the excellent series of articles upon this subject which appeared in its pages some months ago. These, we are glad to see, have been collated and are now offered to the reader in book form. Till we examined this book we had no conception of the antiquity of this specialty, which Dr. Wright succeeds in tracing back to Chaldea. The Introduction has a store of etymological knowledge that attract us; for instance, the fact that the word "nose" is practically the same in all the Aryan languages. But after all, what interests us most is the modern stage, commencing with the discovery of the laryngoscope by Garcia, the London singing master, and its development on our own soil under the tutelage of Horace Green. Every man interested in this specialty should read the book. Price, \$2.00. Lewis S. Matthews & Co., publishers, St. Louis.



Some men require a library to teach them anything: Others will take a useful hint from a three-line footnote.

Eleven varieties of mosquito have been found to transmit malaria. In 850 specimens of *M. Rossia* none was found infected.

CONDENSED QUERIES ANSWERED

PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

QUERIES.

QUERY 4622:—"Meningitis?" I want help and want it bad. Some seven weeks ago I was called to the country and found a boy, aged thirteen, apparently starting an old-fashioned bilious attack. Constipated, temperature 102° F., pulse 120, nausea and vomiting. Tongue well coated, brown. Quieted vomiting and then moved bowels with calomel and podophyllin and saline laxative. Constipation was obstinate, but finally he had free movements. Tongue still remained coated and fever did not altogether subside; pulse remained high. Also, there was pronounced weakness from the first, so that in three or four days he could hardly move himself in any way. Condition remained as above and there further developed pain with muscular soreness moving from place to place, at times in shoulder and arms, then in back, then in legs, sometimes in head, always worse at night and best eased by local applications of cold cloths. There was no rise of temperature in general, though the parts locally seemed hot. No swelling of joints and soreness more evident on pressure on muscles than on movement of joints.

The temperature varied from normal to 100° F., rarely 101° F., and pulse always rapid (120 to 130). I treated this stage with salithia, sodium salicylate and "calcalith," macrotin, gelsemin. Pain at times so bad at night as to require morphine. Also gave sulphocarbolates. After almost two weeks the pain and soreness began to lessen very slowly, but pulse still remained rather rapid, about 120. Temperature became normal. Appetite improved and power returned in hands and arms partially and in right leg.

Bowels obstinately constipated throughout in spite of saline regularly, cascara comp., cathartic comps., occasional cleaning out with calomel, podophyllin, and salines and toning with physostigmine.

Present condition: Constipation same, can get right hand to top of head, left hand to face; cannot extend them very much. When placed in chair there is great weakness of back. Cannot sit erect. There is evident partial paralysis of left leg, "toe drop" and foot rolls outward. Can use quadriceps extensor slightly. Right leg weak but about normal.

Treatment: Massage with codliver oil. Strychnine arsenate, iron peptonate and manganese and glycerophosphates. Rochelle salts, cascara evacuant, and liberal diet. Boy has good appetite; is not particularly sore anywhere. Joints not involved. Considerable emaciation. Last week had lost appetite and had several attacks of nausea and vomiting seemingly without any connection with what he ate. Would wake him up out of sleep. This is subsiding, and appetite has returned and bowels are somewhat more responsive, but stools are always dry in spite of considerable fluids injected.

H. L. L., Pennsylvania.

We wish that we were able to form a precise diagnosis upon the data before us. The urine and blood should both be examined. Tubercular meningitis suggests itself—perhaps subsequent to an aborted typhoid. However the early symptoms might easily be present in a mild cerebrospinal meningitis. Landry's paralysis can be excluded, but Fried-

reich's ataxia is to be considered. Is there loss of knee jerk, nystagmus or jerking of hands? Your treatment has been good, but we would suggest strychnine and phosph. comp. (strych. sulph. gr. 1-100; phosphorus, gr. 1-200; atropine sulph., gr. 1-500; cactin, gr. 1-67), one every three hours; ten minims of nuclein hypodermically daily and some good hematinic every four hours. Give a saline in small dose every two hours to keep up renal and intestinal action.

Lecithin should be given three times daily, and a brisk alcohol rub used every morning. Papayotin, four after meals, followed in one hour by calcium sulphocarbolate, gr. 2. Try this treatment and report results. With more detail we might give more definite advice.—Ed.



QUERY 4623:—"Cystitis and Catarrhal Hepatitis." I mail you today specimen of urine from a man with two swelled legs, with a history of not being well since last July. Comes to me now with two big legs, one big liver, clay-colored stools. A poor circulation, good habits. Deacon of church, of good quality. Urine: 26 ounces in twenty-four hours; acid; specific gravity 1030 today—three days ago, 1010. Giving gr. 1-6 each of calomel and podophyllin, saline the morning after. Strychnine arsenate, gr. 1-30 every two hours.

T. S. H., Connecticut.

This man unquestionably has catarrhal cystitis and also a catarrhal hepatitis, probably is catarrhal all through the digestive tract. We would suggest the following treatment: Saline in the morning, a teaspoonful in a glass of hot water, hydrastin, gr. 1-6, xanthoxylin, three granules, quassin, two, and cactin, one, at the mid-hour between meals; be-

fore eating give the hepatic stimulant (see page 209), two; after eating chionanthin, three, sulphur compound (see page 210), three, and every third night podophyllin, leptandrin and euonymin with calomel, of each gr. 1-6 half-hourly for six doses. If this should be too active reduce to half hourly for *three* doses and make it every third night. Before beginning this treatment we would suggest that you give sodium phosphate, one dram, morning and night for two days (in hot water), and every two hours apocynin, one tablet. Rest a day after this has acted and then begin the treatment outlined.—Ed.



QUERY 4624:—"Brain Lesion." Male, aged 55; height 5 ft. 8 in., weight 170 lbs., lost coördination; can stand up and walk when holding on to anything; complains of great pain in left eye; the eyeball seems too large for socket. Has partaken all through life more than his share of "valley tan" whisky. Has not drank but little the last year. Pharyngitis third stage, catarrh of stomach and intestines. My treatment has been to equalize circulation, absorb the debris; eliminate; and give systemic and intestinal antiseptics. What will this lesion of the brain lead to—apoplexy or paralysis? A burning spot on left side of brain, now gone—aching pain about knee joints—now gone. In fact is 100 per cent better under alkaloidal treatment; with two months' treatment he has appetite enough for two men.

G. B. V., Nevada.

We are glad to "help you crack the nut." It is indeed a "hard-shelled pecan." By all means give the man the best treatment available, but at the same time we fear that he is pretty nearly "beyond reach." Strychnine and phos. comp. (see Query 4622), one every



Drainage is the only remedy for mosquitoes and malaria. Petroleum is a temporary makeshift.—Stevens, *Medicine*.

Some malaria mosquitoes breed in fresh, flowing streams; some harmless ones in pools.—Stevens, *Medicine*.

three hours, dosimetric trinity, one morning, noon and night on an empty stomach, arsenic iodide, every four hours, the digestive (see page 214), two before meals, and one hour after eating five grains of sulphocarbolates. Every second night give calomel, gr. 1-6, podophyllin, gr. 1-6, and leptandrin, gr. 1-6, half-hourly for four doses and a saline laxative one teaspoonful in a glass of hot water before breakfast. We think that this will do about as much good as any treatment, and after improvement sets in lecithin could probably be used with advantage. There is a possibility of brain tumor of syphilitic origin. The appropriate treatment might be tried.—Ed.



QUERY 4625:—"Uterine Disease." Lady fifty-five, German, weighs one hundred and fifty pounds; two children, youngest now twenty-six years old; no miscarriages. From birth of last child has had excruciating pain beginning just below lower point of left scapula, extending up into shoulder, side and back of head, around over left eye. Just before she has an attack says her abdomen seems to fill up with water; she can tell by this when an attack is coming. They will last for one or two days, then gone for two or three to ten days. At time of attack a big dose of salts seems to help her. Passes considerable amounts of urine when the attacks are present.

I have kept her bowels loose for three or four weeks with salines and fluid extract cascara. She has always been constipated, continually taking something to move them. Put her on a light diet—milk, soups, and eggs; gave her hydrochloric acid and pepsin, and the stomach is now acting well; bowels moving with aid of salts and cascara several times a day; also gave her elixir iron, quinine and strychnine. Urinary examination revealed nothing. She is pale and sal-



Wearing veils and gloves at night brought malaria from 2,000 cases to 256 in six months, in a Japanese regiment,

low complexion. These pains continue; they are neuralgic in character. I have thought these pains were due to absorption of toxic material from the intestinal canal.

She is not a neurasthenic, does not use alcohol. No swelling of feet or ankle or puffiness under eyelids. Abdominal palpation revealed nothing abnormal. How would you treat this case from an alkaloidal standpoint?

W. N. H., Illinois.

This case you describe bears the "ear marks" of uterine disease. The reflex pain in the shoulder and over the eye bespeaking inflammatory condition of the uterus and ovaries. You had better examine for lacerated cervix, uterine polypus, etc. Look up the sphincter ani and dilate if necessary. There is more or less autotoxemia present of course. Put this woman on the following treatment for the present: Calomel, podophyllin and leptandrin, gr. 1-6, of each, half-hourly, for four doses, from 7 p. m.; a teaspoonful of saline in a glass of hot water, the next morning before breakfast; one of the Buckley's uterine tonic tablets between meals, three times a day; before eating two of the digestives; after eating one of the tonic arsenates with nuclein, followed an hour later by five grains of sulphocarbolates with a few swallows of water. If pain occurs give cannabin and atropine, repeating in an hour and again in an hour if necessary.—Ed.



QUERY 4626:—"Sarcoma?" I would like your advice about a case which has just come under my care after having been under several different prescribers. Child, 5 years old, had small patch of red under left ear a few days after birth, which itched very much and was diagnosed as eczema. It spread over the

It is almost certain that the bite of the mosquito is the only method of transmitting malaria.—*Medicine*.

side of the neck and down the back in brown-colored patches, under which was serum. It afterwards covered the entire scalp, raised and filled underneath with fluid. It was treated with resinol and different washes, but with no benefit. Two years ago, after much scratching, a swelling occurred underneath or rather in front of the left ear, about the size of a hazelnut, which would bleed freely so as to have long clots of blood hanging down. Now there is a patch of three inches across of raw surface similar to eczema with this swelling at one side, still bleeding most of the time and itching all the time. It has lately been diagnosed as cancer. The child has had recently a number of sores over the body, which start as watery blisters and change into sores with nothing except thin, yellow crust over their tops. The child is anemic and irritable and does not grow well.

I send herewith a sample of the crust from the large sore in front of the ear, to see if you can help me to a diagnosis and cure.

E. H. J., Kansas.

It is possible that this is a sarcoma, and if so it has followed some less serious skin disease; this is of frequent occurrence. Is there history of syphilis? Any signs—other than those given—of scrofulous tendency? The original eczematous patch *may* have been due to a varicosity of the vein, and infection may have followed, with the result that eczema pustulosa presented. At some stage this may have become sarcomatous—or the original lesion may have been malignant; it is impossible to tell from the history. Our own opinion is that it is a case of hemorrhagic sarcoma which originates (as Hutchinson describes it) as a "symmetrical purple congestion of the skin." The ears are early affected. It commences as a "cyanotic spot which

passes into an infiltration, then becomes nodular, or it may be nodular at first." The surface may become eroded and fungoid, and hemorrhages from the dilated vessels are common. These cases are usually fatal in two to five years. Arsenic to effect (with nuclein) and the application to the growth with caution of an arsenical paste might be tried. Echinacea and baptisin, two granules each, three times a day might be tried, and a compress of thuja applied. Keep up elimination and support vitality, giving hematinics freely. Suppose you excise a piece of the tissue and send it for microscopical examination? The finding of staphylococci in the scab means little. It *would* tend to bear out our theory of an original infection of the spot. The body eruption may be *bullæ pustulosæ*, as these may attend almost any skin disease; they do not aid in the diagnosis. We wish that we could be more positive, but an examination of tissue may reveal something. In the meantime you cannot do better than follow the treatment suggested, using the triple arsenates and nuclein ad lib.—Ed.



QUERY 4627:—"Arteriosclerosis, Syphilitic." A male, about 55 years of age, carpenter by trade, is suffering from arteriosclerosis, caused undoubtedly by an attack of syphilis three years ago. The patient complains of occasional pains under the right nipple of a smarting character; no dyspepsia, heart apparently uninjured, no valvular trouble. The difficulty has come on very slowly. The patient is of good physique, does not use tobacco nor alcoholic drinks, habits regular, not married. No swelling of the ankles or puffing around the eyes. Now what can I give this man? Potassium iodide irritates his left kidney, but he can tolerate mercurials and iodoform.



Allyn reports an appendicitis recovering on eserine gr. 1-120 every three hours, strychnine 1-30 every six, etc.—*Medicine*,

Intestinal asepsis has met with opposition, spite of the fact that clinical experience commends it at every turn.—Hollen, *Medicine*,

Is there any salt of iodine which would not irritate his kidneys? How is iodide of rubidium in this respect, or iodide of lithium? I have had him on the double chloride of sodium and gold, ten grains four times a day, with inunctions of mercurial ointment at night. Says he is much better, although under treatment only six or seven days. Would biniodide of mercury internally be of any use, or iodoform? Would it avail anything to send him for a prolonged residence at the Hot Springs?

The man is poor and friendless and I would like to do the best for him that can be done. Therefore, I have written to you in the hope that I could hear of some remedy which might help him. Would you consider the case hopeless?

J. A. K., Massachusetts.

We would suggest that you use the antisyphilitic granule. We believe you will find that it does not irritate the kidneys, especially if you give calcium carbonate and colchicine three times a day with half a pint of water and saline, a teaspoonful before breakfast every morning or every other morning. You might add to this treatment with advantage nuclein hypodermically, ten minims three times weekly, and every second day give apocynin, 1 granule, every 10 hours from 8 a. m. to 8 p. m. Keep him at home and carefully feel your way until you get the right treatment for him. However, if he is unable to pay the bill, we do not know just how far your philanthropy will carry you. The case is a serious one undoubtedly, but should be benefited finally by the above treatment modified more or less as the conditions demand.—ED.

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QUERY 4628:—"Chronic Sore Leg." I would like your suggestions in regard to the treatment of an old sore leg, of a

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Binkerd advises crude petroleum as an intestinal antiseptic; neither absorbed nor assimilated, harmless as water.

lady; corpulent; fifty-five years old. Periods irregular. Good appetite, but I cannot cure this leg. Can subdue the pain and sometimes it is almost well, but still holds out wrong. We used an ointment of echinacea, sodium, borate, etc., externally; also some constitutional treatment, with but little avail.

J. N. E., Louisiana.

For the old lady adopt the following treatment: The antiscorbutic tablet (calcium iodized, gr. 1-3; phytolaccin, gr. 1-3; stillingin, gr. 1-6; arsenic iodide, gr. 1-67; nuclein, gtt. 4), two every three hours, saline laxative, one teaspoonful in a half-pint of water before breakfast, calomel and iridin, one tablet, and podophyllin, one tablet (1-6 grain), half-hourly for four doses every third night, sulphur compound (see page 210), three after each meal. Externally, clean the sore with peroxide of hydrogen thoroughly, then paint the entire lesion with pure turpentine and cover with gauze. After the granulations have begun to show under the turpentine treatment, apply ichthyol, one dram, salicylic acid, one-half dram, resin cerate, two ounces; or, if granulations are slow in appearing, apply bovine twice daily on iodoform gauze, and you will soon get rid of the sore and have an everlastingly grateful patient. Treat all old ulcers and abscesses that refuse to heal on this plan and you will have few failures.—ED.

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QUERY 4629:—"Varicose Veins of Pregnancy." My sister is troubled with varicose veins. Pregnant three months, sixth pregnancy; an ordinary case of varicose veins, I suppose. Most trouble below the knees. I have not seen her. She writes me saying she is afraid she is going to "get past going." Wants something done to keep her going till

See an excellent paper on the Rationale of Intestinal Antisepsis by Hollen, in the January number of *Medicine*,

time is up. What is the best treatment for her, under the circumstances? I have never been called upon before to treat a case of this kind.

J. C. D., Texas.

A case of varicose veins existing during pregnancy is practically incurable. The only thing that will stop the condition is the emptying of the uterus and the best that the doctor in attendance can do is to use precaution to prevent bursting of the vessels. The writer proceeds as follows: He takes one of the Empire elastic bandages and applies it over the ankle to the knee, not too tight but tight enough to affect the circulation slightly. At the same time he gives small doses of hamamelin and hydrastin, three of hamamelin and 1-6 grain of hydrastin, three times daily. It will also be a very good plan to insist upon her bowels being kept open with saline, a teaspoonful in the morning before breakfast. If the condition is very serious have her wear an abdominal supporter to relieve the pressure upon the parts. Tell her not to be at all frightened, that with support and a little care as to the amount of exercise she takes there is no fear of the rupture of the veins.—ED.



QUERY 4630:—"Fermentative Dyspepsia with Tachycardia." Patient male, aged about 45 or 48, trouble dates from about the last of April. This patient is a carpenter by trade; he came to me from another physician in September, stating that he had been treated for gastritis. I found, upon examination, some tenderness over the stomach, that he had thrown up his food now and then, and that he would have some pain of a burning character during the times that he would throw up; also I found his heart very irregular, first fast and then

slow. He made good improvement under my treatment for a time and then got worse; I found that as his heart became regular he would feel better. The heart has not been irregular since I began treatment, but gets very rapid, running up to 156. Yesterday it was 140, this morning 144. Temperature normal, bowels in fair condition, feels hungry and could eat, has trouble in lying down, for several nights at a time says that his throat tickles and that he gets out of breath. There does not seem to be any valvular trouble of the heart; the heart will get down to 72 to 78, for a number of days, and then run up again and I find that when his stomach begins to feel bad and he begins to vomit that his heart begins to run fast. Now whether the heart makes the stomach sick or whether the stomach makes the heart run fast is the question. I should have stated that the feet and hands have been swollen at times, but gave way to treatment.

R. R. S., Missouri.

We have your favor of recent date. The report of our laboratory has gone forward and we presume has reached you ere this. As you will notice hydrochloric acid is absent. There is indigestion from lack of digestive juices and some fermentation, as is shown by the yeast cells. We are not sure, but imagine that there may be some atony of the stomach in this case. This may be due to some impediment to the circulation. Nothing but a very careful physical examination will enable you to form a correct diagnosis. The stomach should be inflated and the outline observed. There may be sacculations. It is only by careful observation and experiment that one can be positive whether the heart disturbance causes the gastric trouble or *vice versa*. Let us make a suggestion. First of all give this man peroxide of hydrogen, one



Three hundred physicians are needed on the Panama canal, to attend the 50,000 workmen to be employed there. Pensions to widows?

Taking leave of Sir Astley Cooper, Baron Dupuytren kissed him; the courteous Baronet returned the salute—to the Baron's daughter.

dram, in four ounces of water an hour before food three times daily for two days, then give him light but very nutritious food, such as predigested cereals, concentrated soup, eggs beaten up with milk, etc.; after each meal give papayotin, six granules, pepsin compound tablet, one, and ten drops of dilute nitrohydrochloric acid in two or three ounces of water. At the mid-hour between meals give hydrastin, gr. 1-6, rhein and nuxvomica, one. Every second or third night order calomel, gr. 1-6, leptandrin, gr 1-6, juglandin, gr. 1-6, half-hourly for four doses, and the next morning before breakfast a teaspoonful of saline in a glass of *hot* water. The first thing in the morning (before the saline), at noon and at night, give cactin, two granules, strychnine arsenate, gr. 1-67. Follow this treatment for two or three weeks. Watch the heart action, note the condition of the stomach carefully, also the stools, and report results.—ED.



QUERY 4631:—"Hepatic Torpor, Uricacidemia and Tobacco Heart." I am 65 years of age and have been in active practice for thirty-six years. I have been affected with diabetes mellitus for the last six years. Six years ago I weighed 212 pounds. I now weigh 197 pounds. I have been able to practice most of the time. I had two spells of vertigo that lasted five weeks; have no paralysis, just extreme vertigo. Since I had the attack I cannot smoke tobacco or use any whisky as a medicine; I have never used whisky as a beverage in my life but *have* been addicted to excessive smoking. Strychnine and whisky in small quantities produce vertigo and fulness of head. My urine contains sugar most of the time; average, five grains to each ounce. I do not adhere to a rigid diet, only cut out sugar and use saccharine in my coffee. My heart is normal, also kidneys.



Green apomorphine is not dangerous; it is due to alkali and can be prevented by a drop of hydrochloric acid in the solution,

Two months ago I was attacked with pain in right side just below short ribs and dull, intense aching, sometimes stinging pain. I have taken aspirin, thinking it might be of a rheumatic origin. I am compelled to take one grain of codeine to quiet the pain for a time. I have used your saline cathartic to regulate my bowels. Is it proper to use this in diabetic troubles? I am confident that I have neuralgic trouble in my side; in bad weather the pain is more severe. My appetite is splendid. If you can suggest any remedy for my condition it will be gratefully received.

T. M. B., Indiana.

You are suffering from hepatic torpor, retention of uric acid and tobacco heart. We would suggest the following treatment: A saline, preferably with colchicine, in a glass of hot water before breakfast, dosimetric trinity, two granules, cactin, one, morning, noon and night, on an empty stomach, colchicine, one, four times daily, adding macrotin, two, to each dose. Before each meal take the hepatic stimulant (see page 209), two, and one hour after eating five grains of the sulphocarbolates; every third night calomel and iridin, one tablet, podophyllin, one, and leptandrin, one. Diet carefully, avoiding salt meats, smoked meats, sugar and pastry. Take plenty of fruit, raw and cooked, milk, lean meat, fish and poultry. We would also suggest that twice a week you bathe the entire body with a solution of epsom salts (two tablespoonfuls to the quart), using this at body temperature. Wash off with plain warm water, and then dry with a rough towel.—ED.



QUERY 4632:—"The Dosage of Aconitine for Children." You say, speaking of aconitine: "For children dissolve a granule for each year of the child's age,

Merck's Report enumerates 232 new remedies introduced during the preceding year. Most are of chemical origin.

and one extra, in twenty-four teaspoonfuls of water, and of this give a teaspoonful at a dose at the same intervals as for an adult." Now what I want to know is, does this rule work with all granules in children's diseases, and if not, what granules are excepted?

T. M. L., Ohio.

If you have the Alkaloidal Digest and will read the "Primer," you will find this question thoroughly dealt with. Aconitine, digitalin, strychnine and all the more potent or *possibly toxic* alkaloids can be given satisfactorily by the Shaller rule. As a matter of fact, the doctor must be governed by circumstances, the severity of the disease, robustness of the patient, etc., for the rule which will work beautifully in A's case will need some modification in B's. We, ourselves, give aconitine in much heavier dosage. We believe it can be given with safety in nine cases out of ten, but it is better to teach the small-dose idea (especially until the profession gets used to the alkaloids) and have no accident, than to urge large doses and have an occasional complication. The one rule to follow always and without deviation is this: "The smallest effective dose oft repeated to effect—remedial or physiological." To apply this in practice it is only necessary that the physician shall acquaint himself with the physiological action of each potent drug and then apply his knowledge as necessity may demand.—Ed



QUERY 4633:—"Alkaloids in Fever." Is the alkaloidal treatment cheaper than the allopathic treatment in a case of fever? Do you consider it really cheaper and better throughout?

A. B. R., Missouri.

As regards the comparative expense of



Of last year's novelties these are worth trial: Agniadin, cellotropin, closin, heritine, herniarin, narceyl, strychnine cacodylate,

the alkaloids and galenic preparations we most emphatically would say that the alkaloids used properly and with a full understanding of the case in hand will prove infinitely cheaper for the simple reason that the case will be controlled and the disease defeated in a much shorter time than by the old methods. Fever, Doctor, is but a symptom denoting the presence in the body of abnormal and toxic material and (often) the invasion of the system by pathogenic bacteria. Therefore, to cure the fever it is necessary to eliminate the waste and destroy the invading germs. To do this eliminatives and intestinal antiseptics will be required. The fever will then be under control, and, from the beginning, if eliminative and antiseptic procedures are instituted, a few doses of aconitine and veratrine will keep the temperature within bounds. Yes, Doctor, unquestionably the alkaloidal method is not only infinitely superior to any other, but also more economical.—Ed.



QUERY 4634:—"A Case of Digs." I have a number of cases of "itch," or at least that is what people call it who come for help. The person will feel an itching sensation and if they look close they will see a very fine eruption beneath the skin, sometimes without any color and sometimes slightly red. On rubbing or scratching, this eruption shows up bright red above the skin, with almost intolerable itching. The papules are not as large as a pin-head when raised up, but some people have scratched until they have patches of eroded epidermis all over body. The areas affected may be entirely different on different days, which led me to believe it was not a local disease, but some systematic trouble, but yet it seems to be infectious, as people who associate with those who have it will soon break out.

Quinine, arsenic and antipyrine most frequently cause eruptions; also phenol, salicylic, bromide, iodide, benzoic acid.

I have tried almost everything to destroy or cure it. First, tried calcium sulphide, with ointment of sulphur, oil of cade, bismuth, etc., with no effect. Then tried arsenic sulphide and red clover compound with various washes and ointments. Also tried the antiherpetic tablet. Nothing in the way of dermal antiseptics or sedatives seem to have any effect. Can you tell me what it is or what will cure it?

E. H. J., Kansas.

Your cases of "itch" are probably a species of "prairie itch," "scratches," "digs," etc. We have at various times dealt with this malady in the CLINIC, and believe it to be as yet improperly understood and not classified. Autotoxemia or uricacidemia is at the bottom of it. Just try this treatment and please report results: Blue mass and soda, one tablet, iridin, one, leptandrin, one, and euonymin, one, every half-hour for four doses, every third night. Saline the next morning the first thing. Xanthoxilin, three granules, echinacea, three, between meals, and alnuin, three granules and the sulphur compound, three after eating. Before the two principal meals give two of the hepatic stimulant (podophyllin, gr. 1-3; quassin, gr. 1-6; strychnine arsenate, gr. 1-134). Locally apply (after washing off the body with a solution of epsom salt 2 drams to the quart of water), carbolic acid, camphor and chloral crystals rubbed down together to a liquid. If the skin is *broken* use ichthyol, one dram, salicylic acid, one dram, glycerin, two ounces.—ED.



QUERY 4635:—"Eczema of Genitalia." I have a case of chronic eczema of the genitals in a lady about 45 years of age. Her trouble dates from her first confinement, about twenty years ago; she



Eruptions are caused by thallin, acetanilid, phenacetin, lactophenin, salol, naphthol, analgine, exalgine, antitoxic serums,

has had no more children. Examination revealed complete stenosis of the vagina four inches from the introitus. The mucous membrane was rather pale and inelastic; urethral orifice inflamed, resembling urethral caruncle, but does not bleed easily and gives but moderate pain on urinating. Small ulcers on labia and immediate surroundings, but disappeared in a week under local treatment and she feels fairly comfortable, but she says she will relapse when treatment is suspended. She passed climacteric two years ago, which change does not affect conditions. Her menses were very painful and expulsive in character during the last few years of their occurrence, but at present I can find no opening leading to cervix uteri. Leucorrhœa is quite marked and always has been. No sugar in urine. System seems well regulated, medium weight, regular in habits, husband living. She has gone the rounds and is getting desperate. Wants me to promise to cure her—can I do it? How?

E. C. J., Iowa.

We are inclined to fear that you will never get a cure of this case as long as the local conditions remain as at present; that is to say, the stenosis of the vagina and the exsanguinated condition of the parts; the ulcers and pruritus (for such it really is) are due entirely to deranged circulation, and probably you will find that some of the nerve trunks and vessels are caught in the cicatricial mass, although occlusion occurs far up the vagina, in this case. Four inches, Doctor, is a long way from the introitus, but in a woman of her age there is one method of treatment which suggests itself to us as being likely to succeed. Locally cleanse everything with H_2O_2 , one part, water, one part. Into the vaginal orifice put, morning and night, a wool tampon saturated with pure bovine to

Many essential oils cause skin eruptions at times; so does copaiba; orthoform is a remarkable drug for this.

supply nutriment to the parts. Externally apply ichthyol, one dram, carbolic acid, sixty minims, resorcin, one dram, salicylic acid, one-half dram, lanolin, one ounce, resin cerate, one ounce. Internally give alnui, three granules, xanthoxilin, three, and rumicin, three, every four hours; the arsenates of iron, quinine and strychnine, with nuclein, after meals, with three of the sulphur compound (pulverized sulphur, gr. 1-134; extract nux vomica, gr. 1-67; podophyllin (neutral), gr. 1-67; collinsonin, gr. 1-134), a teaspoonful of saline before breakfast in hot water and calomel and iridin, one, half-hourly for six doses every third night. If the sphincter ani is constricted, as it probably is, dilate gradually with hard rubber dilators, and if you can possibly get her to consent to breaking up that adhesion in the vagina break it up. If you do that you will not need to use much local or constitutional treatment.—Ed.



QUERY 4636:—"Erythema Fugans." "Nerve Reflex." 1. Male, 29 years old, German parentage. Dry goods clerk by occupation. Height 5 ft. 9 in., weight about 140 pounds; habits excellent, neither drinks, chews or smokes. Bowels slightly constipated at times; urine all right. Mother and father, sisters and brothers, living and well.

Symptoms: Flushing of skin of cheeks, forehead and chin, coming on after dinner every day and at times after supper, the latter not as regular as the flushing after dinner. There is no pain accompanying these flushes, but a burning, stinging sensation in the skin. Appetite is good. Takes regular exercise every day, walking about five miles a day to and from meals. Has not lost any weight. Muscles in good condition and skin clear of pimples or blotches.



Rosengartens have absorbed the P. & W. Company. Great news for all who know the high standard of Rosengarten's goods.

Shaving makes the tingling and burning worse for that day, and it never lasts longer than two or three hours after dinner. His walking after dinner does not affect the condition at all, as it will come on the same if he lies down. What is it? What is the cause, and what can we do for him? He is a single man and his "blushes" bother him in the store. He has lived out of doors till coming here, about three months ago, and the conditions then were as now, and as they have been for about three years. Has never had any sickness except children's diseases.

2. Male, aged 40, single, nationality American, height 5 ft. 10 in., weight 196 pounds. Was taken about three years ago with twitching of the skin muscles of the right side of face and neck. It was constant at that time, about one twitching every 3 to 5 seconds. He consulted doctors and they gave him strychnine and promised to cure him, but volunteered the information that they did not know the cause! Now the twitching has gone to the skin of the legs and of arms. Does not affect the face when in the legs or arms and never involves the deep muscles of either and stays always in the right side of body.

Has never had any diseases except measles and prairie itch or "scratches" as he calls it. Has had no venereal diseases. Eats hearty and keeps up his weight; bowels regular twice a day; urine all right. Never had rheumatism or other gouty symptoms.

I think that there is some irritation to the sympathetic in the neck causing the face twitchings, but why is it in the legs and arms and only involving superficial skin muscles? I have put him on calcidin, gr. 2-3, four times a day, with strychnine, gr. 1-30 at the same periods, hoping to get rid of scar tissue and waste products around the nerve roots. Can you suggest anything additional (or do I get another think)?

I get the CLINIC every month and read and digest as much of it as I can

The Illinois Drug Clerks' Association will expel any member violating the law as to selling cocaine—one out already.

before the next comes around. All my spare time is taken up in studying the alkaloids and their action, and can say that I have had but three deaths from any cause since beginning their use, two of these being babies. One with cord about the neck and living only fourteen hours after I saw it. I got there too late. The second, tetanus in a baby of seven days—another doctor's patient. The last, an old lady of 72, with cardiac dropsy involving the whole body. I can say I am satisfied with my record, and when I give the alkaloids I know what I am doing. I think you should do some "missionary work" in the colleges. I accidentally found a few CLINICS in my junior year and took to it like a duck to water. Others in the junior and senior year in all colleges would do the same if they once heard of it. Let the good work go on. Get hold of the young material and let it grow up under alkaloidal literature and there will be less sickness and more *doctors* in the country.

C. S. M., Indiana.

1. The case of *erythema fugans* which you describe is of interest, because it is a not rare phenomenon, and but little understood as yet. It is more closely allied to urticaria than to other erythemata, and is due to some irritation of the intestinal tract. You note that as soon as the digestive process is at an end the eruption fades. Now this may occur at times with many people and simply means the presence of some irritating ingesta, but when it occurs regularly there is some fixed abnormality. Hyperchlorhydria, ulcer of the stomach wall and half a score of other conditions suggest themselves. Obstruction of the pylorus has been found to cause such flushing, the *causa causans* being cicatrization of a round ulcer. However there may be no such cause at all, but merely disturbance of circulation and

innervation. Just why the capillaries of the face should be flooded when the gastric vessels are surcharged with blood is not explainable, but there is a "crossed wire" somewhere, and probably the trouble is differently located in each individual. Is there dilatation of stomach? Try giving codeine, gr. 1-12, and hydrastin, gr. 1-6, just before meals—or ten minims of a 1-1000 adrenalin chloride solution with the codeine, and after eating, caroid, soda and charcoal.

Frankly, experimental dilation of the *sphincter ani* has stopped the trouble, which is evidently a nerve reflex. You must examine and watch and feel your way till you strike it, Doctor—and then tell the family.

2. This is also one of those "puzzlers" which can only be solved by minute attention. Urine must be analyzed often. It is possible that uric-acid is the cause, but with care you may be able to trace the trouble to the nerve trunk or ganglion affected. Percuss the spine and look for areas of hyperesthesia. Empirically you will probably find that neurolecithin, one tablet, strychnine and phosphorus compound (see page 202), one will be your remedies. Add scutellarin, six, and avenin, six, morning and night in hot water. Three times weekly, half-hourly from 8 p. m., calomel, leptandrin and juglandin, gr. 1-6 of each, till a grain is taken; follow with saline next morning. Dilate sphincter ani. If possible galvanize and test each reflex.

We note your comments relative to alkalometry and can only cordially agree. Go on, Doctor, success is before you! We *are* doing missionary work in the colleges and reaping a glorious harvest. Over one-third of the men



Minnesota pharmacy has prepared a bill regulating the sale of narcotics and enabling druggists to send "fiends" to hospitals.

Notwithstanding many laws limiting its sale, cocaine is advancing in price, but especially in European markets.

who graduate during the next three years will go out "posted" upon alkalometry. Many of them will carry "a little case" with them when they lift their sheepskin.—Ed.

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QUERY 4637:—"Cancerous Wart." Would it be all right to use the dermal solvent on a wart of cancerous nature?

H. L. S., Iowa.

If there is any positive sign of cancerous tendency *do not use the solvent*, but use thuja, after first applying Marsden's paste (arsenous acid, one dram, powdered acacia, one dram). The powder is mixed with a little water into a stiff paste and applied to the sore. Allow it to remain for twenty-four hours, then poultice until the eschar which the paste has formed is removed, and then apply thuja or bovine and iodoform, constantly, on gauze covered with a piece of rubber protective. We suggest internally the use of nuclein and conduragin. The addition of echinacea will probably be of benefit.—Ed.

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QUERY 4638:—"Pachydermia Diffusa—Laryngeal?" A robust farmer, about 35 years old, often feels a desire to clear his throat, especially in the morning, and after some effort a hard mass comes up, as he describes it, the pressure of the throat against the vertebral column irritates him. He can swallow and his voice seems to be a little abnormal. Has felt this way for about three years. There is a "whizzing" sound over the larynx. Examination found the uvula a little enlarged, but nothing abnormal in the throat could be seen. He also feels some pain over the kidneys when he bends a little; in washing himself for instance. Urine acid, specific gravity, 1016, trace of albumin.

Another man, about the same age, was

suffering five years ago with acute cystitis, I suppose from his history. The urine is acid, specific gravity 1025, no albumin, slight trace of sugar, no sediment. The man is complaining of headache; he sometimes feels well. His appetite is somewhat capricious, he feels very weak, occasionally has pricking pain over the whole body. The other day felt piercing pain under the left shoulder blade and over the heart. I think his heart is affected. Will you kindly give me some light on these cases so far as diagnosis and treatment are concerned?

V. A., Nebraska.

From your description it strikes us that there is some benign growth present. Were there malignancy pain would be considerable. However there is a possibility of tubercular involvement and the sputum should be examined. Chronic laryngitis should be thought of as *pachydermia diffusa* following prolonged inflammation would present just such symptoms. However only the most careful examination of the larynx and trachea with reflected light and mirrors will settle the question satisfactorily. Give the man calcium iodized, one granule, and hydrastin, one, every three hours during the day. Have him keep his kidneys and bowels freely active and twice daily let him steam his throat by inhaling from a vessel of boiling water on which twenty minims of oil sanitas has been dropped. The carbonates of calcium and lithium, four times daily, with a glass of barley water should be taken for the renal difficulty.

In the second case there is uric acid poisoning and possible nephritis. Give a saline, a tablespoonful before breakfast, the calcium carb. comp. and barosmin, four granules, every four hours, with a glass of water, also two "trinity,"

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Nux vomica has risen in price so much that strychnine will cost more. Lay in your supplies before the rise gets here.

The Batavia sales of bark indicate lower prices for quinine; or at least no increase seems probable at present.

one on waking and one on retiring, and boldine, two granules, chimaphyllin, three, and cactin, one, between meals. After eating, one intestinal antiseptic tablet crushed and taken with water.—Ed.



QUERY 4639:—"Nephritic Eczema." Married lady, aged 27, well nourished, good liver, healthy looking, one child five years old, no pains or aches, but an intensely itching eczema of the hands and ankles, dating back about two years. Has been treated by several physicians for eczema. I have been treating her for the same for the past six weeks, with only temporary relief. I made an examination of her urine a few weeks ago and found nephritis. Urine is very pale and profuse, passes seven to eight pints in twenty-four hours, specific gravity, 1010 to 1012, with a trace of albumin and granular tube casts; gets up two or three times during the night to empty the bladder, the act accompanied by pain, preceding the flow of urine. She states she has been passing this large quantity of urine for several months, and that previous to that time her urine was rather scanty and highly colored. As she had the eczema two years I would judge that the nephritis commenced about the same time. Would be glad to have you outline a treatment for this case and state your opinion as to the prognosis. I do not think the prognosis as grave as most authorities put it. S. S., Tennessee.

Unquestionably the eczema is due to a nephritic condition. We would suggest that you place this patient upon an absolute milk diet for from three to four weeks, having her take from two to three quarts of milk per diem, swallowing each mouthful slowly (chewing it as it were), one teaspoonful of saline in hot water before breakfast, lithium benzoate, two grains, barosmin, four granules, and one

dosimetric trinity every three hours. Before each feeding give a hepatic stimulant (podophyllin, gr. 1-3; quassin, gr. 1-6; strychnine arsenate, gr. 1-134), adding xanthoxylin, four granules, alnuin, two, and chimaphyllin, three; after the meal give three granules of the sulphur compound (sulphur, gr. 1-134; ext. nux vomica, gr. 1-67; podophyllin, gr. 1-67; collinsonin, gr. 1-134). Make a capsule containing ichthyol 1-2 grain (or obtain the ichthyol pill of the manufacturing pharmacists of like strength), and give one morning, noon and night. Every second or third night a granule each of calomel and iridin, one half-hourly for four doses. For the eczema locally try ichthyol, one dram, resorcin, one dram, glyceride of hydrastis, one ounce, and glycerin, two ounces. Apply this at night freely. Have the urine examined every two or three weeks as treatment must vary according to conditions existing.—Ed.



QUERY 4640:—"Cystitis." A young man, eighteen years old, has had chronic cystitis for ten years. Several doctors have failed to give him any relief. He came into my hands some months ago, and improved nicely for two months; only had to get up twice at night; formerly eight to ten times. Now he has to get up three to four times; is not doing so well under the same treatment. Most of the trouble seems to be at the neck of the bladder. I irrigated the bladder with warm boric acid solution and followed with euarol. No improvement. Then I irrigated with silver solution and afterward used solution hydrastis and let stay for an hour or so. No improvement. I used silver solution and let stay in the bladder for half an hour. Steady improvement until the last week or two. Gave internally large doses arbutin, benzolithium and hyoscyamine, also



A lady eats a heavy nitrogenous supper, spends a merry evening and—wakes with "nerves." Hysteria? Bosh—autotoxemia!

See a fine paper on Autointoxication as cause of mental disorders, in the *Boston M. & S.*, by Briggs. Funny how it spreads now.

cubebin and atropine valerianate which I think had a better effect than the hyoscyamine. I have suspected a stone in the bladder.

This boy has been deprived of all society and an education on account of this trouble, as he usually has to urinate every half to one hour. There is pain at the head of the penis when urinating. Please diagnose the case. I am very anxious to relieve this young man if it is possible to do so. He is a farmer's son and has lived an active life so far as he could.

J. R. M., Texas.

From the description of the case you have prostatic trouble with involvement of the neck of the bladder. The pain in the head of the penis is a reflex pain and is nearly always present in prostatic hypertrophy. We would suggest that you place the case on the following treatment: Cubebin, two granules; barosmin, four; one dram of a good preparation of hydrangea and one dram of *tritium repens* (fluid extract). Give these together every three hours. Examine the prostate carefully through the rectal walls and massage with the finger tip after throwing into the rectum two drams of euarol, that is to say, massage the prostate through the "puddle" of euarol which will be formed in the rectal ampulla. The patient must of course lie upon his abdomen during the procedure. It might be desirable to inject a solution of silver nitrate into the deep urethra with an Ultzmann syringe. Give this boy at least a quart of barley water per diem, and with each drink let him take a tablet of calcium carb. comp. crushed. We could not suggest any further treatment until we have examined the urine in this case.—Ed.

QUERY 4641:—"Cystitis." Can some of your alkaloids help me in the following case: Cystitis of two years' standing; acute exacerbations almost driving patient wild; treated by best specialists—surgically and medically—with complete failure. It is attributed by them to displaced uterus. Vaginitis and vulvitis also present, and the two latter troubles yielded promptly to my treatment, but cystitis balks. Urine shows sugar, but no albumin. First relief was afforded by daily flushing of kidneys and bladder by large enemata. Excessive acidity and imperfect elimination must be at the bottom of this. This case will mean much to a young practitioner if successful, as many have failed. Any suggestions will be thankfully received.

A. C. B., Pennsylvania.

The case of cystitis you describe will probably yield to calcium carbonate and arbutin, which should be given with a glass of barley water three times daily. Give a teaspoonful of saline in a glass of hot water before breakfast; five grains of sulphocarbolates one hour after each meal, which should be preceded by two of the digestive granules (strych. ars., quassin and papain) of our list. The bladder should be washed out with saturated solution of boric acid, followed by one to one-thousand ichthyol solution. After two or three weeks the bladder should be emptied thoroughly and from two to four drams of euarol (euphen and aristol in oily solution) thrown into the cavity and allowed to remain until expelled. Better send a sample of urine to our laboratory.

Of course you should put the patient upon an appropriate diatetic regime for diabetes and endeavor to reduce the amount of sugar in the urine by proper medication. Diabetes may be at the bottom of the trouble.—Ed.



Miss Frances Powell Waugh, a name not unknown to CLINIC readers, is a member of the senior class at U. of Mich., Med. Dept.

You are sure to miss something good if you miss a number of Lanphear's *American Journal of Surgery and Gynecology*.

QUERY 4642:—"Hemorrhoids." My wife has been troubled for twelve or fifteen years with hemorrhoids, but not until a few months since have they given her any serious trouble. The tumor is about the size of the end of an ordinary middle finger and protrudes at each action. To get relief a hypodermic of morphine and atropine has to be administered. Of course we know what this will result in, a confirmed morphine habit. I am using a local treatment as follows: Hot rectal douches, three times a day, followed by thoroughly anointing the pile with rectol. After a month or more treatment along this line there seems to be no improvement. I am inclined to try the hypodermic injection into the pile of carbolic acid, iodine or something of the kind. Kindly suggest the *modus operandi*—that is to say the injection to be used, amount, how often, whether to dilate rectum and inject, or inject when pile is protruded, or any other information.

J. F. L., Alabama.

Inject those hemorrhoids at once with a 50 per cent solution of carbolic acid in glycerin or olive oil. Do not give morphine. Have your wife strain down, expose the pile and then draw up into a hypodermic syringe 30 minims of the solution. Clean off the pile and dry and anoint with olive oil. Now plunge the needle into the center until the point of the needle is in the middle of the pile, taking care not to penetrate the bowel wall, inject slowly from three to five drops of the solution, then turn the point of the needle to the right and inject five minims more and to the left and inject five minims. If the pile by this time has become white and hard withdraw the needle. If blood follows put it back again and inject more. The time occupied should be not less than five minutes. The injection should be made drop by drop, with great care and slowly. Of

course it all depends upon the size of the pile how much solution you use and how long it will take. Do not withdraw the needle, and use enough solution to make the pile entirely white and putty-like. Return the pile, after taking precaution to see that none of the solution has run on the bowel walls, and keep the bowels locked for three days. If there is any pain morphine suppositories must be used. On the third day give a saline cathartic and throw into the rectum two to four ounces of olive oil, just before the stool is passed. In this way the pile will slough off and be passed with hardly any pain. In the meantime give hamamelin, three granules, aesculin, three, and hydrastin, one, every three hours.—ED.

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QUERY 4643:—"Asthma Following Whooping Cough." A boy, three years old next October, since an attack of whooping cough, has attacks of asthma. Have you anything good for such cases? If so let me know and I shall be glad to give same a trial. Calcidin is certainly a "wonder worker," knocking croup out very rapidly.

G. P., Ohio.

For asthma, glonoin, apomorphine, strychnine arsenate and hyoscyamine, one of each every half hour dissolved in a little hot water during the spasm. This is the adult dosage. For a child of three one granule of each in ten teaspoonfuls of hot water and a half teaspoonful as a dose. During the intervals calcium iodized, one tablet every three hours, and strychnine, gr. 1-134, with atropine, gr. 1-1000, three times a day. Keep up elimination, feed carefully and remember that an aseptic intestinal canal is a necessity in such cases.—ED.

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Chronic constipation causes a long train of nervous symptoms; due to toxemia and pelvic engorgement.

Pink Pills contain sulphate of iron, an alkaline carbonate, and licorice, coated with sugar, colored with carmine.—Lancet,

QUERY 4644:—"Asthma." "Varicose Veins." 1. I have several cases of asthma I have failed to relieve at all permanently. First few weeks they thought they would soon be entirely cured, but it came back with renewed force. I gave calcidin, hyoscyamine, strychnine arsenate in full doses, also calcalith and salines, with plenty of water and regulated their diet. I feel sure that indigestion and uric-acid is the cause.

2. I have a great many cases with varicose ulcers and a great many with varicose veins without the ulcers. I have succeeded in curing the ulcers and am anxious to reduce the size of veins in order to prevent the return of the ulcers. Most of the women in this section who have borne children have varicose veins, and if I could succeed in curing these cases could increase my income several thousand dollars per year. Please outline your best treatment for these cases.
J. R. M., Texas.

1. Asthma, Doctor, is, as you know, due to any one of several causes, therefore it is impossible to lay down a specific treatment. You will find that large doses of atropine and strychnine three times daily during the intervals, together with free and full elimination and the dosimetric trinity, morning, noon and night, on an empty stomach, and cactin, one every three hours, will do excellent work in nine cases out of ten. In many cases a simple correction of the catarrhal condition of the mucosa of the posterior nares will do wonders, and a weekly or semi-monthly examination of the urine in other cases will reveal some nephritic tendency, the correction of which will speedily put an end to asthmatic conditions.

2. As regards enlarged veins in women of a phlegmatic type who have borne children, the administration steadily of small doses of hydrastin, gr. 1-6, ergotin, one granule, and hamamelin,

two granules, every four hours, with atropine, gr. 1-1000, three times daily, will often prove effective. Mechanical support is desirable. A well-fitting elastic bandage (not a stocking) from the ankle to the knee, worn steadily for at least three months and concurrent with internal treatment, has given us good results.—Ed.

QUERY 4645:—"The Treatment of Epilepsy." In your August issue you promised an article on the treatment of epilepsy and I am anxiously awaiting it. What can we do for these poor unfortunates, instead of ruining them with biomides?
H. H. F., Pennsylvania.

Epilepsy is now being investigated by us and the article, or rather articles, which it was our intention to publish have been held over until we are in a position to say something definite. Epilepsy has been treated or mistreated so long that we do not wish to advance anything which will further serve to complicate matters. When we have satisfied ourselves that the method of treatment we have been pursuing is successful, we shall publish the articles which have been so long looked for. In the meantime, Doctor, remember that elimination, intestinal asepsis and an equalized circulation are the main points in the treatment of non-traumatic epilepsy. Two of the dosimetric trinity granules (aconitine, digitalin and strychnine) morning, noon and night on an empty stomach, and atropine, gr. 1-500, with verbenin, two or three tablets every three or four hours, will be the main direct medication. Magnesium sulphate of course is one of the most useful eliminants at our disposal and the sulphocarbolates have proven themselves to be the most reliable intestinal antiseptics.—Ed.

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Warner's Safe Cure: Potassium nitrate gr. x to ounce, and various diuretic herbs.—*Lancet*. (Liverwort.)

Mrs. Terry's Drink Cure, 98 per cent sugar and 2 per cent salt. Antidipso, chlorate of potash and sugar.—*Lancet*.

QUERY 4646:—"Danger of Tape-worm." Give me some information as to the dangers of the tapeworm. Are they really dangerous to life, and what symptoms do they cause?

D. L. A., Louisiana.

The tapeworm is dangerous unquestionably, although there are different varieties, *tenia saginata*, the beef worm, being the most frequently found in man. However, there is also the *tenia solium*, the pork worm, and the *bothrioccephalus latus*, the fish worm, besides many uncommon varieties. The tapeworm may be in the intestine for a long period without manifesting symptoms and a man may have a tapeworm and enjoy perfect health for a long time. In other instances the worm produces intestinal as well as general disturbances; pressure at the pit of the stomach and painful points in the abdomen are present, and rumbling and noises may be heard in the bowel. Lack of appetite or ravenous appetite are sometimes present; nausea and vomiting (especially in the morning) have been noticed; constipation is usually present, though in some cases persistent diarrhea marks the presence of the worm. Besides these symptoms there are various disturbances of the nervous system or blood, dizziness, headache, convulsions, and hypersensitive conditions of the extremities. In some cases the patient though he may have a ravenous appetite, looks anemic and starved. In fact the presence of a tapeworm may give rise to any one or a number of symptoms, and makes an invalid of a hitherto healthy individual. The presence of segments of the worm in the stool is the only positive diagnostic sign of the disease.—Ed.



● QUERY 4647:—"True and False



Croup." I have been called out several nights to see children who have croup. I have used calcein, but if I understand the use of that remedy its greatest value is where there are membranes formed or in "true croup." What shall I use to quickly relax spasm and relieve difficult breathing without producing vomiting, and in cases of false croup where child is perfectly well day before and day following?

R. E. D., Illinois.

In the present day whenever there is a membrane present in the throat it is supposed to be diphtheritic, and, while, personally, we do not believe this to be invariably the case, it is difficult to distinguish and impossible to lay down any set of rules which would enable others (who may not have had any great amount of clinical experience) to make the differential diagnosis. It used to be considered that croup (true) had three stages: (1) The invading or catarrhal; (2) the developed or inflammatory, and (3) the stage of inflammatory exudate with threatened suffocation. In the first stage the skin becomes alternately hot and cold; the child chills and flushes, the headaches and cough appears. It is the third stage (which appears within twelve hours as a rule, and at night) that is the serious one. Those who have been called to a case of true croup know the symptoms so well that it seems absurd to repeat them. "The cough which at first was dry now becomes husky and suffocative," there are attempts to get rid of something in the throat; the mucus expelled is glairy and may contain shreds of the adventitious membrane. The pulse becomes small and quick. Cyanosis is more marked and the sound of the intake and expiration of air are audible in an-

If the examiners are not woozy a young lady will be looking for a location along about next June. Tell us, please.

Whether to publish a patent medicine almanac or a journal so technical that a Greek lexicon goes as a premium?—Lanphear.

other room. The little sufferer tosses, clutches at his throat and objects near, throws his head back and shows all the signs of approaching suffocation. If not relieved by emesis or otherwise he sinks into a stupor, cyanosis is complete and the eyes are glassy. Spasmodic efforts are made at breathing, which grow less and less, and after a variable period, seldom more than fifteen or twenty hours, the end comes either with all the signs of suffocation or those of total exhaustion.

This, Doctor, is *croup* (true croup), and is not diphtheria. We have treated case after case of it, and also have treated diphtheria. In the latter the membrane is of a different nature; there is profound systemic toxemia and the prodromes are marked. In diphtheria antitoxin should be used at once and the alkalometric treatment followed. In croup calcium iodized and steam inhalations will do the work. If called when the case is in an acute condition emesis should be induced by the exhibition of apomorphine hypodermically. There is no time to lose then, but in other cases calcium iodized, one or two tablets in hot solution every ten minutes, will give quick relief. If croup threatens, one tablet hourly will stop its career. We have been thus explicit because we do not wish anyone to attempt to treat *diphtheria* with calcium iodized alone. True croup, false croup and all *catarrhal* affections are benefited by calcidin. But, if you suspect the presence of the more serious disease, give antitoxin promptly. Lobelin, emetine and hyoscyamine will relax spasm promptly. Give according to age and in hot water.—Ed.



Sure the medicine is mixed right? No, but it's mixed the way the doctor directed, replied the smart druggist.

QUERY 4648:—"Follicular Tonsillitis." Send appropriate treatment for following case: Repeated attacks of follicular tonsillitis; history of recurrent attacks of rheumatism (not articular); has been heavy tobacco user and "booze fighter;" kidneys degenerated, bowels regular. Am able to hold all in check but the enlarged tonsils. Want something to reduce the hyperplasia and soreness.

J. A. C., Kansas.

Give calcium sulphide, two granules, calcium iodized, one, and phytolaccin, two, every three hours, the arsenates of iron, quinine and strychnine with nuclein after each meal, and a heaping teaspoonful of saline in a half pint of hot water before breakfast. Wash the tonsils off thoroughly with pure peroxide of hydrogen at least daily and then apply a solution of bismuth and hydrastis (Merrill's colorless) with a swab. Give two of the hepatic (eclectic) tablets every second night at bed time. If the tonsils are very much affected it would be better to do a tonsillotomy at once.—Ed.



QUERY 4649:—"An Antitoxin for Malaria." Can't an antitoxin be made for malaria? Some persons are immune, why is it?

F. M. J., Indiana.

This is at present a mooted point. We doubt if *any* person is really immune. The mosquito theory is still unsettled, in all its details. Did you see the recent issue of the CLINIC with the Malaria articles in it? Just for the sake of getting information we publish your query and we shall see what the doctors throughout the country have to say.—Ed.

Powell questions the exclusive dependence of malaria on mosquitoes, as it arose where no such insects were found. Inconclusive.

QUERY 4650:—"Diphtheritic Croup and Calcium Iodized." Calcium iodized failed me in a case here recently, as everything else has always done. Not a single case of this awful disease has recovered here. If there are any special instructions in reference to this remedy I should be glad to have them.

M. E. C., Alabama.

Unquestionably, Doctor, you have been using calcium iodized in diphtheria, and diphtheria will no more yield to this *alone* than smallpox will to purgatives. *Diphtheria* cannot be controlled by calcium iodized, and we have made this statement time and time over. Diphtheria is a systemic invasion by a specific germ and it requires specific systemic treatment. Calcium iodized is of great service here, but antitoxin should be used promptly upon the first sign of diphtheritic involvement and the alkaloidal treatment for this awful disease instituted promptly. Have you a copy of the *Alkaloidal Digest*? If so, read up on these subjects. Nuclein solution hypodermically is of great importance. Calcium sulphide and calcium iodized should be given alternately, and the throat must be sprayed with a strong solution of peroxide of hydrogen. Calomel and salines to unload the bowels and intestinal sepsis maintained by the use of the sulphocarbolates.—Ed.

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QUERY 4651:—"Femoral Hernia. Undescended Testicles." 1. I have a case of hernia which presents some rather unusual features. Farmer, age about 50, has small, indistinct, inguinal hernia on right side, which has not yet descended into scrotum. On the left side he has a femoral hernia about the size of a walnut. Do you think I can get a truss to retain the femoral hernia?

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Corning reports relief of seasickness from hyocine, and morphine, followed by resorcin and glonoin.—*N. Y. Med. Journal*.

2. I also have another interesting case. A boy of thirteen complained to his father of having some pain in the hypogastric region. Upon examination his father found a condition which he thought was a rupture, and during my absence from town took him to another doctor who confirmed diagnosis of double hernia, and applied a truss. After applying truss the boy had more pain than before. Upon my return home, the father requested me to examine the boy. Upon inspection I found a tumor in each groin. I also noticed a peculiar appearance of scrotum, which I found to contain no testicles. The testicles were found in the inguinal regions. The left one could readily be brought down into the scrotum, but would return to its original position as soon as released. The right one was quite difficult to bring down into the scrotum, but this could be done. I brought both testicles down and placed truss above them (pain instantly relieved), with the hope of finally bringing both testicles to normal positions. Will I succeed?

W. W. S., Missouri.

1. The femoral hernia can be easily held with a truss. This can be with or without a "thigh belt." In the latter case there is a triangular extension of the pad downwards, which dips into the groove the hernia has made in the thigh and prevents the escape of the viscera. A small femoral hernia can be easily held with the forked tongue truss, without a belt. Why not try the injection method in this case?

2. In the second case you will succeed with patience. Bring down the testicles and subject them to slight traction daily. Apply pressure above when in the scrotum and apply a moderately tight band around the "neck" of the scrotum. It will take time, but the results will be satisfactory.—Ed.

Under Dr. Millican's direction the *St. Louis Medical Review* has taken on new life, and shows up well for the brief time.

QUERY 4652:—"Infantile Colic." I have a case on hand that I would like a little help in. A child some five months old suffers intensely from flatulent colic, almost continually. Have tried hyoscyamine, codeine, Waugh's anodyne, neutralizing cordial — nothing gives more than temporary relief. The neutralizing cordial seems to give more and quicker relief than anything else, as it makes the child pass wind largely both ways. But its effects are not lasting; to keep the child from crying I must give a dose at least every six hours, and then sometimes even this continual dosing fails to keep it from suffering. Most of the time evacuations from the bowels are natural as to consistency, but very green in color. Has from two to four operations. Now this condition of things has been going on ever since the first month of its age. It nurses heartily. Could the mother's milk have something to do with its ailment? This is the fourth child; all the others were affected as is this one for the first three months, but not after that age. I will be greatly obliged for any help or advice in this case.

W. G. T., West Virginia.

We think the mother's milk in this case is the cause of trouble. You had better overlook her diet carefully, keep her bowels open and administer saline before breakfast and some digestant, such as papayotin, six granules, with a little charcoal (say three to five grains) after each meal. You will find an excellent plan to stop colic in that child will be to dissolve a tablet or two of the sulphocarbolates in four ounces of water and give a teaspoonful of this before and after nursing. Try the anodyne for infants tablet in this case to relieve such gas as accumulates until the child recovers under the other treatment. We would also suggest the examination of the sphincter ani. If it seems to be

at all contracted do a gradual dilation, but we have no doubt that you will find the *causa causans* to be the mother's milk.—Ed.



QUERY 4653:—"Prolapsus Uteri, Lacerated Perineum." I have a patient, age 68, who has an old perineal laceration causing, in part, a prolapsed uterus and sagging of the anterior vaginal wall, not a true cystocele. She will not submit to operation and will not use local treatment. She can wear an inflated soft rubber pessary, but that soon becomes offensive, as there is rather an abundant discharge from the uterus. Her general health is good, but she cannot walk well even with a pessary. Will the uterine tonic be of any value in this case, or some of the hydrastin or verbenin granules with strychnine to tone up mucous membrane? I am trying her on the last named. I am anxious to relieve her as she is situated so as to make it impossible for me to see her often.

Would you advise astringent douches? There is no tenderness except on the cervix and relaxed wall and that comes from local causes. In cases where the vagina is flabby and relaxed do you not think tonics are *always* needed? My experience leads me to think so. The CLINIC is my sheet anchor in reference.
J. F. S., Ohio.

Your patient should have a perineorrhaphy, but if she will not, use astringents, best in the form of a tablet. Mulford's "vaginal astringent" tablet is excellent, but you can get good results with the vaginal antiseptic (as a douche), and then apply a wool tampon saturated with glycerite of tannin. Yes, tonics are always needed; hydrastin, one granule, every three hours, with eupurpurin and helonin, two of each, will help you. Keep the rectal ampulla empty and have the woman wear a napkin fairly tight.—Ed.



Water kept a few minutes in a copper vessel—and the typhoid and other bacilli die, even if in large numbers.

Swiss riflemen shoot better for short distances after alcohol, but not so well at long ranges.—The Sun.

QUERY 4654:—"Why are Sulphocarbolates the Best Antiseptic? Why do you consider the intestinal antiseptic tablets superior to salol, copper arsenite or guaiacol carbonate?" I have always used salol and guaiacol carb. as "intestinal sweeteners," and have always been satisfied with results. However, in your CLINIC you preach the "antiseptic tablets," and if they are superior to the drugs I have been using, I want to know *why*, and if so I want to use them.

Calcium iodized has given me excellent results in scarlet fever and tonsillitis and glandular diseases in children. Nuclein solution has aided me in typhoid and septicemia. I have tried the granules in adults, but find that I can get quicker and more lasting results with an assayed tincture of aconite or veratrum viride than with the granules. In children, however, the results obtained with the granules are satisfactory.

F. C. W., Michigan.

It would take a small book to tell why we consider the sulphocarbolates better than the three drugs you mention. Salol is, first of all, insoluble in water, resists the gastric juices and therefore does not act *there*; in many cases it causes irritation and even carbolic acid poisoning. The kidneys are injured by its free administration. In all severe cases of auto-infection it is necessary to give antiseptics in large quantities. Salol, therefore, is out of the question. Even in rheumatism it is less effective than sodium or ammonium salicylate. Tablets are apt to "go through" unchanged. None of these disadvantages exist in the case of the sulphocarbolates. They act from the mouth to the anus, are soluble in all media and can be given *ad lib.*, acting favorably on the kidneys. Copper arsenite is an excellent remedy and has its own indications, which are well known. It is not suited, however, to general anti-

septic purposes. Its chief use is as an antidyenteric. You would not give it till you had a clean bowel. In gastric pain after eating it is often of use, also in doses of gr. 1-1000 as a remedy for the vomiting of cholera infantum.

We recommend the use of copper arsenite continually, but it does not even compare with the sulphocarbolates in the field of intestinal asepsis.

Guaiacol carbonate is also a useful drug, but has disadvantages. It too is insoluble in water, passes through the stomach unchanged, and is decomposed in the intestine. In its elimination it combines with the toxins of the tubercle bacillus and causes their elimination. It is not, however (as has been proven by test) as rapid or powerful an antiseptic as the sulphocarbolates, not acting upon fermenting and putrid material or the bacilli and toxins produced by them either as certainly or as generally as the latter salts.

The sulphocarbolates are advised by us—and, now, by all authorities—because they can be used *ad lib.* (dry or in solution) in all cases in which it is necessary to render aseptic the *primæ viæ*. They are comparatively cheap, readily obtainable, not injurious, and when properly proportioned do not cause irritation, but do prove active, as we have just stated, from the mouth to the rectum. We cannot understand your position as regards the granule for children and the assayed tincture for adults. If the assayed tincture is active at all it is because it contains so much of the alkaloid. If the alkaloid can be given in definite dosage without alcohol, isn't it better? And are three samples of "assayed tincture" absolutely alike? If the granule



Sylvester found at one Washington pharmacy the records of forty sales of cocaine in a single day. A law is urged.

A society is soliciting the brains of eminent men for study. Thanks; we have none to spare just at present.

is best for children who are more sensitive, wouldn't the proper dose be best for adults? We have found it so, as have thousands of others. We should like you to go further into the matter of experiment and then write us again.—Ed.



QUERY 4655:—"Tubal Infection?" Mrs. P., age 25, mother of two children, youngest two years old. On February 25 she had an abortion of a two months' pregnancy and has not been well since. Her physician two or three months afterward curetted her and claimed to have extracted shreds or parts of the placenta. Profuse hemorrhage followed and a general inflammation, until now he claims that pus tubes have developed and he says there is no chance but in an operation, and went a few days ago to remove the ovaries. She refused to submit to an operation and he quit the case. She sent for me to know if it were possible for her to get well without the knife. Of course I told her the chances of recovery were very slim, but I would do the best I could for her. I found no fever, circulation very weak; bowels tend to constipate, kidneys regular but at times give her some pain. Liver tender on pressure. Has lost considerable flesh, but still bears a good color. Now, Doctor, these are a few facts I found existing. I am very anxious to help this case, and all say she must die.

H. C. R., Texas.

This is a very severe case you are undertaking. Before you give one of the remedies we recommend you must fully understand, Doctor, that we are prescribing in the dark to a certain extent. Your description of the case does not in any way shed light enough for an intelligent diagnosis. In fact, it would be impossible for mere description to enable us to tell just what the difficulty is. There is evidently profound systemic depres-

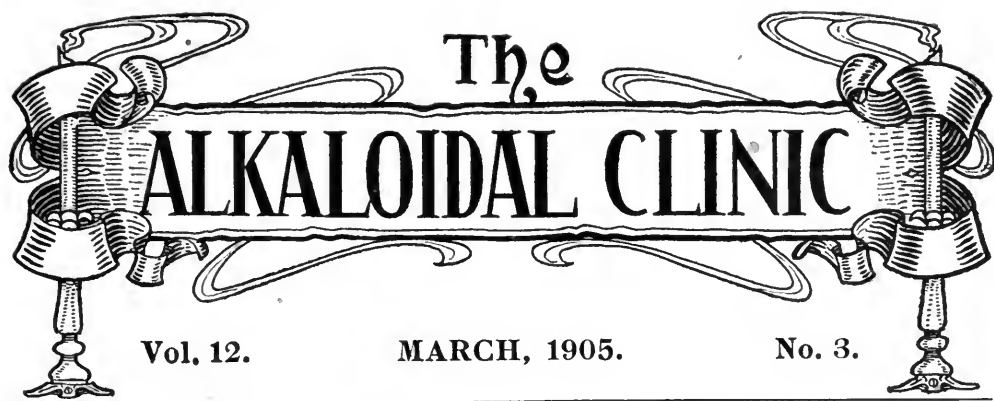
sion, probably sepsis, although loss of blood may have a good deal to do with her condition. Give some good iron tonic. Every two hours order calcium sulphide, gr. 1-3; strychnine arsenate, gr. 1-134, and cactin, one granule, *with every other dose*. Saline, a small teaspoonful in a glass of hot water every 3 or 4 hours until free stools follow, and pilocarpine, one hourly until profuse perspiration occurs, then stop. Do not give the pilocarpine until the bowels have ceased to act, or give it first, but do not have the action of this drug and the saline occur at the same time. Nuclein, ten minims, hypodermically, morning and night, and, if you are sure of your technique place the woman in a dorsal position, expose the *os uteri*, cleanse the vagina thoroughly with a one to one-thousand bichloride solution and then swab the interior of the uterus with iodine, one part, carbolic acid, one part, then tampon with iodoform gauze, one per cent. If the woman comes down to a very low point give a subcutaneous injection of a normal saline solution and drop nuclein solution, two or three drops at a time, on the tongue, letting it be absorbed from the buccal mucosa. Give, as necessary, hypodermics of digitalin and strychnine to maintain vitality.

Under this treatment we hope she will decidedly improve. A hopeful feature of the case is the absence of fever; if there was profound septic trouble there would probably be an intermittent rise of temperature. Pelvic drainage with a carefully-outlined reconstructive treatment should do much. If she resists this, you should carefully determine the exact condition of the genital organs and operate if necessary.—Ed.



Woodruff advises the use of alcohol in the tropics; Kitchen advises against it. Cut it out till they agree.

The growing scarcity of native drug plants points to cultivation in the near future. Hydrastis is worth \$1.35 per pound.



MODERN THERAPEUTICS.*

BY REYNOLD WEBB WILCOX, M. D., LL.D.

Professor of Medicine at the New York Post-Graduate Medical School and Hospital; Physician to St. Mark's Hospital.

THE tendency of modern therapeutics is toward making use of all measures which tend to the cure of disease, physical as well as pharmacal, and to place reliance upon no single method. While physical therapeutics may seem to be more prominent at the present, it is because the same scientific methods of investigation are being applied as to the study of drugs.

Climate.—There has come a complete realization that the ideal climate for any disease cannot exist. For instance, in the treatment of pulmonary tuberculosis, a dry and equable climate is desirable. But a dry climate can never be equable—a simple proposition in elementary physics—therefore, treatment by climate only is doomed to failure as well as treatment by drugs alone. In this, as in many other instances, a careful study of climate has resulted in a declaration of its limitations, and these limitations must be recognized and provided for.

Mineral Springs.—Here again, intelligent study has done much to do away

with the routine work of the bath-physician and the astute empiricism of centuries is giving place to a well-wrought-out system of therapy, based on special knowledge of the chemical contents of the waters, joined to general medical information. Besides the chemistry of mineral waters, there has come a great advance in our knowledge of the physical chemistry of such solutions and the study of various radio-activities as are associated with mineral waters is opening up another and probably a brilliant chapter in internal hydrotherapeutics.

In hydrotherapy there is but little that is new. Most novelties claimed as such are merely a re-vamping of the old. Curiously enough the practice remains unchanged while the theories upon which it is based have been either abandoned or modified. The Currie-Jurgensen (so-called "Brand") bath, for instance, is no longer used with the idea that it reduces fever, or is a general nervous stimulant, but it is rather employed for the purpose of eliminating various toxins by way of the kidneys.

Electricity.—This is no longer looked

*Read at the Fourth Pan-American Medical Congress at Panama, 1905.

upon as a cure-all, but definite indications for its employment are well recognized. The high-tension electricity, as developed by Morton in this country, and the use of high-frequency currents, have made electrotherapeutics a much more important chapter and with a much more rational basis than before. The effect of electricity upon the blood-vessels and the consequent stimulating effect on blood-pressure are now well known and show the lines in which this department is going to develop. Static electricity is no longer used merely empirically, but has a definite set of indications, and can be made, under proper conditions and with appropriate directions, to give definite results.

Roentgen-ray therapy is yet in its infancy, but when sufficient time has elapsed that its power for good or evil upon processes and tissues, whether physiological or pathological, shall have been determined, its capabilities will be thoroughly understood. At present its future seems bright.

Diet.—Here, too, distinct advance has been made. The prohibition of red meats in gout and purinemia is now known to be based upon an incomplete understanding of the purin bodies and their forbears. In diabetes mellitus the judicious administration of carbohydrates has been followed by lessened incidence of coma and by marked improvement of nutrition. A broader knowledge of the nephritic diseases has led to an enlarged dietary which is based upon a clearer understanding of normal metabolism.

Exercise.—That use of a part increases its capacity for developing its function is known, and the application of this principle results in the approach to physiological integrity. Its results in improv-

ing nutrition, are far-reaching, but its limitations, so carefully studied during the past decade, are equally important.

Light Therapy.—Here, again, we find a far too brief chapter. The ascertained facts are few compared with what will be known. As they accumulate and logical deductions are made, our therapeutic resources are likely to be enormously augmented.

Pure Drug Therapeutics. — Drug therapeutics, although of earlier development, has lagged somewhat behind physical and mechanical therapeutics as regards its establishment upon a firm, rational basis. There is no doubt now that the new physical chemistry, the most brilliant chapter in chemical development at the end of the nineteenth century, will soon remedy this defect. Already this has been accomplished for familiar drugs and the end is not yet. At the beginning of the nineteenth century the use of all drugs was based upon empiricism. As the result of German nihilism, unfortunately there was for a time in scientific hands, a neglect of drugs that kept therapeutics in the background, while pathology and other departments of medical science were advancing with giant strides. Even at the present time many so-called text-books of medicine are scarcely more than treatises on pathology. With regard to treatment very little is said. So much is this division of the book overshadowed by the rest that often it occupies brief paragraphs where the other branches of the subject have pages devoted to them. This, of course, is not as it should be, since a text-book on medicine must be helpful not alone in the recognition of disease, but especially for its cure, so far as that is possible,



From male fern Jaquet isolates filmaron as the tenicide. Dose 10 grains; to be used with care, as it is very active.

In amebic dysentery Tuttle found enemas of cold water as useful as when medicated with silver, etc.—*Ther. Gaz.*

and for its alleviation, if cure cannot be obtained.

Basis of Drug Therapy.—Drug therapy is now being put on a secure basis, by observations in the laboratory, not only from its suggestions, but as well from its confirmations of clinical observation. This does not change the views with regard to the employment of remedies, but often helps to make it clear how they may be used with better effect. Digitalis is now used on a very different theory from that on which it was originally introduced, but the indications for its employment are the same as when Withering first wrote with regard to it in 1784.

The most hopeful suggestion with regard to present-day drug therapeutics lies in the development of physical chemistry. It is but a few years since Faraday introduced the word *ion* and the idea which it conveys. Only now is this idea bearing fruit in a new science of chemistry. In the days when Lister recommended phenol as most important for securing asepsis, the material was employed in solution in various substances. However, by observation it came to be known that in oily solution phenol did not inhibit bacterial growth. It was not until the application of Faraday's theory to chemical compounds brought out the fact that electrolytes are not set free when in oily solution, that the real explanation for this failure of phenol, under these circumstances, could be understood. The reason for the use of alcohol as a direct antidote for phenol is now clear. The same explanation has been found to be helpful with regard to solutions of mercury, and even with regard to many biological phenomena where it might be least expected to have its application. The action of toxin and anti-

toxin on one another are phenomena of ionization. These phenomena can now be measured with exactness by the modified Wheatstone bridge, as has been demonstrated, and Kohlrausch has determined the conductivity of fluids with reference to their contained electrical units.

Chemical Constitution.—The physiologically opposite results from the introduction of a methyl-radical are striking (strychnine, convulsant; methylstrychnine, paralyzant). The effect of change of position of a radical may be striking as resorcin (metadihydroxybenzene) is very sweet, while pyrocatachin (orthodihydrobenzene) is bitter. The atomic weight seems to influence toxicity, as in the alcohols it increases from methyl- through ethyl-, propyl-, butyl- to amyl-alcohol. In the synthesis of hypnotics the varying effects of radicals upon different portions of the brain being known and the result of placing the various radicals in the ring, the construction of a safe and reliable hypnotic has become possible.

Empiricism.—It must not be forgotten that at various times varying explanations for the action of a drug may be offered and accepted, and yet the truth as to its real therapeutic effect not be known until the real cause of the disease has been recognized. So long as a valid explanation is not established, remedies must be employed on the basis of clinical experience.

Until Laveran discovered the cause of malaria, it was impossible for therapeutists to give the true reason for the action of quinine in the disease. Much had been said about its supposed effect on fever, and of its effect on the white blood cells, but it was when it had been



In the Slavic tongues the word Slav signifies glory or glorious. But in the world's esteem the name Slav means just slave.

The Cossack is said to drink blood, and during the Turkish war to have really lived on his enemies' blood.

found that it acted unfavorably upon the *plasmodium malariae* that the real explanation became evident. The empirical fact of the usefulness of quinine was undeniable. The explanations offered for its effect, however, were many and had to be changed with the progress of science until at last truth came, and its employment was placed on a scientific basis.

Simplicity of Therapy.—The tendency in drug therapeutics is away from complex prescriptions and ill-assorted combinations. The “what” is first determined, then the “how much” and finally the “when.” Thus, having carefully chosen the remedial agent, the question of dosage is settled, and finally the dose interval. This implies a thorough knowledge not only of effect, but of rate of absorption and elimination. In this way a definite effect is produced.

Number of Drugs.—Old customs in medicine seem to counsel not only many drugs, but very frequent administration. One remembers distinctly in hospital treatment the usual practice of one medicine given before and another after meals, regularly three times a day, with a sleeping draught at night and a laxative potion in the morning. Altogether the patient looked to eight different times at which some drug was to be administered. Undoubtedly this had a good suggestive effect, whenever it was not undone by the action of the medicine. Certainly the modern practice is more in accord with the teachings of pharmacology.

Formularies.—These and the “disease indices” of works on *Materia Medica*, should be abolished since they lead to routine prescribing and, ignoring the particular patient, are not the best expres-

sions of therapeutic skill. This statement applies even more strongly to the literature of this kind emanating from manufacturing chemists.

Students and Drug Therapeutics.—The question is often asked why medical students do not know more about therapeutics, since, as a rule, most of them are anxious to learn what to do for disease and yet, they are graduated without practical training in the use of remedial agents. In the schools there is too much teaching of the theory of treatment and too little demonstration of the practical working of drugs either on animals or on patients. It has been recently well said that “the teaching of therapeutics a few years ago, even in good medical colleges, was apt to be rather farcical. The professor did a good deal of reading of facts and dry lecturing with regard to drug action, until the student finally procured a compend, memorized the matter and passed his examination. With regard to clinical application of drugs, so little was taught, that the student carried away next to nothing. The professor of clinical medicine spent nine-tenths of his time in the discussion of diagnosis and etiology and of pathology, and said only a few brief words with regard to treatment at the end. Some men who obtained hospital work were given a training at the hands of distinguished clinical observers, but found that their use of drugs was entirely empirical, and had very little reference to scientific drug action, as stated by the specialist in therapeutics. At the present time a change has come over that sort of teaching. But the medical student of today is eminently to be pitied. He is in the midst of three fires. There is the laboratory man who wants most of his



The probability of action by the Anglo-Saxon, the German or the Kelt, may be estimated; the Slav is an unknown quantity.

The criticism hardest to meet is that which is based on misconception which refuses to investigate.

time; the professor of clinical medicine, who wants him at the bedside for many hours a day; finally, there is the specialist who considers that the only hope for practical medicine is in the devotion of more time to the specialties."

Teaching of Therapeutics.—Since this is so, there should be some method devised by which not only shall the student be able to acquire the requisite information during his period of tuition, but that he shall so thoroughly acquire it that he may become a better practitioner of the most important division of medicine, namely, Therapeutics. Without sacrificing the fundamentals upon which the structure of medicine must stand, a logical system must be insisted upon so that the opprobrium of the schools shall no longer exist. It would seem that this can best be accomplished by the following plan covering the four years of tutelage:

1. A practical acquaintance with various remedial physical measures and remedies, not less physiological, and methods of preparing the latter. This should be acquired during the early and mnemonic period of the student's career (recitation and demonstration).

2. Actual knowledge of the action of agencies and remedies acquired by personal experimentation and demonstration under the teacher's eye (laboratory demonstration).

3. Application of these agencies and remedies, the actuality of their effects for good or evil having been fixed in the student's mind, in the treatment of diseases and symptoms, under proper supervision (lecture and clinical demonstration).

4. The accurate direction for the exhibition, in strict pharmacopeial nomenclature, of remedies and the scientific use

of physical agencies must be so thoroughly comprehended by the student that he can not only intelligently apply them, but give valid reason for his treatment (clinical practice and conference).

Pharmacopeia.—While the profession in America had an excellent pharmacopeia, one that is generally considered more valuable than that of any other nation, not excepting any, very few physicians have been sufficiently familiar with it. In fact, it is apparent that a very large proportion of practising physicians do not know the pharmacopeia because they have been deterred by the supposition that it is of great size (confounding it with the various dispensaries), while it is really a comparatively small book, yet containing, well-arranged, not only a sufficiently complete armamentarium, but also some indispensable information, which a physician should have who is intent on prescribing rationally and without the supposed aid thrust upon him by overzealous manufacturing chemists.

Pharmacopeial Development. — The United States Pharmacopeia was first formally planned in 1817, when it was decided that some legal standard was required for drugs and drug preparations, which should have national authority. Until 1840 it continued to give the text in both Latin and English, but since then it has been published only in English. Every ten years, as the result of invitations to medical schools and societies and pharmaceutical schools and societies, and the medical departments of the Army and Navy, a committee of revision is selected, consisting of twenty-five members, who see to the elimination of drugs that are no longer used and to the introduction of remedies of various



When men cease to write prescriptions and use single remedies for single needs the beginning of scientific therapy will be seen.

Our chiefest heresy is urging physicians to study the book of Nature instead of the "manual of diagnosis."

kinds, that have been introduced to medicine during the preceding decade. The book thus made is the legal standard, and is adopted by the Treasury Department (Custom House), the Army and the Navy, as well as by most of the States, as the court of final appeal for formal and legal information with regard to drugs. The next revision which is shortly to be issued, will contain besides much additional information, the average adult dosage of the various drugs and remedies that are incorporated in the pharmacopeia. From various sources suggestions have come that this revision be translated into Spanish. If this is not an opportune moment for a Pan-American Pharmacopeia, at least this much is evident: a Pharmacopeia produced by representatives of the three Americas, with text in both Spanish and English, would be a potent factor in harmonizing the therapeutic practice of the western hemisphere.

Therapeutic Successes.—Those who are discouraged with regard to therapeutics should remember some of the facts and statistics of present-day treatment. Formerly seventy-five per cent, of patients attacked by laryngeal diphtheria, died. Now between serum and intubation, or both, together with other proper remedial measures, seventy-five per cent recover. The former death rate from ty-

phoid fever in hospital treatment was eighteen per cent. Now, under the use of intestinal antiseptics, the mortality is not more than two per cent. As the result of the use of quinine, ninety-five per cent of the patients suffering from amebic dysentery recover, though formerly this was a very fatal and persistent disease. In acute polyarticular rheumatism, under the proper use of the salicylates, the disease lasts days instead of weeks. In acute infectious pneumonia, properly treated, the mortality should not be more than five per cent.

But few instances of the enormous progress which therapeutics has made, need be cited. Those whose practice is guided by the methods, and who make use of the agencies of modern therapeutics, are conversant with the brilliancy of the crowning triumphs of modern medicine.

New York City.

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We regret that this able endorsement of modern therapeutic methods as determining great therapeutic advancement was not presented in time for editorial announcement in advance; but here it is, a glowing tribute to success along these lines, a strong, able appeal for strenuous endeavor to better things.—Ed.



SOLANINE: AN IMPORTANT ALKALOID.

BY WILLIAM F. WAUGH.

THE ESSENTIAL ACTIVE PRINCIPLES OF DULCAMARA AND SOLANUM CAROLINENSE.

WHILE Bocquillon - Limousin terms solanine a glucoside he gives it the formula $C_{86}H_{71}NO_{32}$. It is found in the *Solanum dul-*

camara, ferox, lycopersicum, Carolinense, nigrum, the young shoots of the potato and the tubers that have been exposed to the light, and those that have sprouted,



Prescribe for what you see to be evidently wrong; diagnosis comes later; but don't say we discourage it either.

Diagnosis cannot be too careful or thorough; but prescribe for the abnormal conditions that are most evident.

and possibly in *Scopolia*. The deeper layers of potato skins contain, at some periods of their growth, enough to cause toxic symptoms (Riley). Boiling water extracts the poison, and that in which potatoes have been boiled may prove toxic.

Solanine may be prepared by expressing the juice of etiolated potato germs, adding lime-milk or ammonia, in excess, which precipitates the solanine. This is separated by filtration, the insoluble part dried, and exhausted by boiling alcohol, which deposits crystallized solanine on cooling (Desfosses). It is a glucoside as dividing into glucose bodies, an alkaloid as to its basic properties (Merck).

Solanine occurs in fine, silky needles, colorless, possessing the properties of the alkaloids. It is insoluble in water, slightly soluble in ether and in cold alcohol. It melts at 240° F. It has a feeble alkaline reaction and forms salts with acids. Submitted to the action of boiling dilute mineral acids it splits into three equivalents of glucose and an alkaloid, solanidine, $C_{50}H_{41}NO_2$. Treated by an amalgam of sodium and water it gives nicotine, $C_{20}H_{14}N_2$, and butyric acid $C_8H_8O_4$.

Solanine has the property of forming a gelatinous mass with amyl alcohol when cold, even in the proportion of one part to 2,000. Cool amyl alcohol is the best solvent for solanine.

Brunton says that solanine in warm-blooded animals paralyzes the central nervous system without affecting the peripheral nerves or the voluntary muscles. It slows the heart and respiration, lessens sensibility, and causes death with convulsions. The temperature constantly falls. The pupil is unaffected. It produces weakness, labored breathing, nausea, vomiting and drowsiness, but no true

sleep. There is no increase of action on the part of the bowels, kidneys or skin.

Nothnagel gives the formula of solanine as $C_{43}H_{71}NO_{16}$. It paralyzes the central nervous apparatus, causing general paralysis, reduces heart and lung action, and kills by asphyxial spasms. In man it also causes nausea and vomiting. French physicians have employed solanine as a nerve calmant, and analgesic, especially when it is desired to affect the medulla or the cord, as it lowers the irritability of both motor and sensory nerves.

Pictet gives the composition of solanine as $C_{22}H_{75}NO_{15}$. It contains no methoxyl, but six hydroxyl.

Spiegel, in Liebreich's *Encyclopedia*, gives the formula as $C_{52}H_{93}NO_{18}$ plus $4\frac{1}{2}$ H_2O . He designates it as an alkaloid. The salts are mostly amorphous and freely soluble in water or in alcohol. Much water decomposes them, setting the base free. An amorphous alkaloid, solanine, accompanies it (Firbas). In the ripe potato there is but about 0.005 per cent to be found, but in the eyes (sprouted) there may be as much as 0.5 per cent. Solanine, like the rest of the saponine group, is an energetic protoplasmic poison, one per cent in solution preventing the development of bacteria and the coagulation of the blood, and dissolving the blood elements (Perles). The lethal dose *per os* is 0.3 per kilo of body weight—3 to 10,000—and about 0.1 per kilo subcutaneously. In rabbits Husemann noted a reduction of temperature of over five degrees F., with muscular tremors, spasm of the jaw muscles, respiration rapid, then slowed, dyspnea and fall of cardiac energy. Then followed tonic-clonic convulsions, mydriasis and death from suffocation. The heart beat



If you remove all the symptoms by treatment, will there be any disease left? If so, you have not removed all symptoms.

Direct therapy at the most prominent symptom; then at the worst one remaining; till none is left.

after the cessation of respiration, and stopped in diastole. He affirmed that solanine does not irritate the stomach, bowels or subcutaneous tissues, but Perles noted after intravenous injections severe enteritis, attributed to the poison excreted into the intestine; and also recent parenchymatous nephritis. The urine contained hemoglobin, methemoglobin, albumin, casts, and a few red blood cells.

Von Schroff found toxic symptoms in human beings follow doses of gm. 0.2, or three grains; such as yawning, dizziness, stupor, somnolence but not sleep, tonic spasms, rapid small pulse, difficult respiration, nausea, salivation and extreme weakness. The effects of solanidine differ only in mydriasis and elevation of temperature.

Experimenting on animals, Perles found the same symptoms and post mortem appearances as after sapotoxin. Solanine did not cause diarrhea as the toxic plant did, possibly because the alkaloid was absorbed from the stomach while the crude plant was carried into the intestines. But solanine is more apt to affect the kidneys, as albumin and hemoglobin are generally found in the urine. Given to a dog, very little solanine or solanidine was found in the feces or urine, so that it is probably broken up in the body.

Caylus calls attention to the renal congestion caused by solanine and the plants containing it; also to the occasional diuresis, the tetanic spasms of the thoracic muscles, and increased sensitiveness of the cutaneous nerves; but he denies any direct influence upon the brain, stomach or bowels. He locates the action on the cord and medulla.

Solanine possesses an anesthetic power

over the extremities of the pulmonary plexus, lessening the sensibility of the bronchial mucosa, and slowing respiration. At first it moderates the pulse, then accelerates it. It irritates the stomach, large doses causing vomiting, colic and constipation. Small doses are laxative. It also possesses narcotic properties (Bocquillon-Limousin).

Cushny states that the action of solanine is almost identical with that of sapotoxin; solanidine differing only in not being a local irritant. While in potato sprouts growing in damp cellars the quantity of solanine rapidly increases, and it is also present in rotting potatoes, most cases of poisoning occur from the use of the small green unripe tubers that have been exposed to the sun at the surface of the ground. As the skins contain nearly half the solanine, if these are removed before boiling, much of the alkaloid in the edible part is removed by the water. The young buds arising from the potato contain enormous quantities of the poison.

Schmiedeberg describes an epidemic of potato poisoning, the symptoms being headache, colic, vomiting, diarrhea, depression, mental confusion, in severe cases pallor or cyanosis, dilated pupils, short periods of unconsciousness with rapid and then slow pulse, and in many cases a rise of temperature. All recovered within ten days.

In fatal cases of poisoning by plants containing solanine as their toxic principle, it has caused gastrointestinal irritation; an acrid burning sensation in the throat as the first symptom, followed by great restlessness, muscular and fibrillary tremors, labored respiration, dryness and hyperesthesia of the skin, rapid pulse, collapse and coma, the temperature fall-



What a giant among practitioners would be the one who studied conditions and their treatment, exclusively. A doctor indeed.

The salvation of pharmacy does not lie in the sale of Peruna for 89 cents instead of 73 cents.—*Critic and Guide*.

ing markedly before death. The pupils are generally dilated. Albuminuria is usual. The fatal dose is unknown, but six grains would probably be uniformly fatal. The stomach should be washed out, after emptying it, strong tea or coffee given, the temperature sustained by artificial warmth, and opiates used for gastrointestinal irritation. Pilocarpine is said to have given good results. There is no chemical antidote (Riley).

Pfuhl saw many cases of poisoning among soldiers who had eaten toxic potatoes. Fifty-six showed similar symptoms, such as chills, fever to 100° and 103° F., headache, violent colic, diarrhea, severe fatigue, sometimes nausea, vomiting and fainting. Slight jaundice was present in some. The fever declined within three days, and recovery ensued. The treatment consisted in rest in bed, an ice-bag to the head, warmth to the abdomen, calomel, mint tea and opiates. The potatoes contained six times the usual quantity of solanine. It is not stated whether they were sprouted, green or rotten. In the latter case another element would enter besides the solanine—the products of decomposition.

Geneuil recommended solanine as a substitute for morphine as an analgesic in neuralgia, gastralgia and rheumatism, but the action was not reliable. This is true also as to Sarda's application of it in diseases of the central nervous system; and Fronmueller's in agrypnia. But in symptomatic and hysteric asthma, and in whooping-cough, Clarus and Caparoni found solanine reliable. The action here is both direct and reflex upon the nerve centers.

Desnos employed solanine for painful maladies of the stomach, in doses of gr. 3-4 half an hour before meals, with bene-

fit in gastralgia, painful dyspepsia, alcoholic gastritis with or without dilatation of the stomach, gastric ulcer and cancer. It has also proved useful in neuralgia, locomotor ataxia, asthma, muscular rheumatism (myalgia), chronic bronchitis, and the vomiting of pregnancy (Shoemaker).

Solanine has been employed against sciatica, neuralgia, rheumatism, gout, cystitis, cardiac asthma, bronchitis, whooping-cough, all spasmodic affections, pains of the stomach, dyspepsia and prurigo (Bocquillon-Limousin).

Caylus recommends solanine acetate in doses of gr. 1-6 to 1 for pulmonary maladies with spasm or irritation.

Constantine Paul recommended solanine in doses of a decigram—gr. 1 1-2—in pill, cachet or syrup. Hypodermatically he gave solanine gr. 20; acid hydrochloric gtt. two; distilled water to five drams—15 minims containing gr. 1 1-2 at a dose. But Bocquillon-Limousin undoubtedly employed a better product, for he places the dose for an entire day at from gr. 1-4 to 1-2.

Merck gives the dose of solanine and the hydrochlorate as 0.01 to 0.06—gr. 1-6 to 1—as a single dose; maximum 0.1 per dose, 0.5 per diem—gr. 1 1-2 per dose, 7 1-2 per diem. He suggests tannin as an antidote. Hypodermatically the hydrochlorate may be given in watery solution up to gr. 5-6 at a dose.

Spiegel gives the dose of the hydrochlorate or the acetate as 0.04 to 0.08—gr. 2-3 to 1-13—three or four times a day.

The first evidence of solanine action seems to be the acrid burning in the throat, decided toxic action being denoted by oppression of the respiration. The first-named symptom then, would indi-



May you be saved from falling into either deplorable extreme, over-drugging and therapeutic nihilism.—*Critic and Guide*.

To our enemies—enemies of Truth, Justice, Freedom and Fair Play: I wish rope enough! That's all they need.—*Critic and Guide*.

cate the full therapeutic effect, and the remedy should then be discontinued or given only as this symptom subsides. The alkaloid is very soluble as a salt, and hence its effects are quickly manifested. The proper adult dose may therefore be placed at gr. 1-12, to be repeated every half hour till the burning throat indicates full effect. Or, a granule containing gr. 1-24 might be given every ten minutes for the acute pains of neuralgia or the paroxysm of asthma. For children with whooping-cough gr. 1-67 every half to two hours would seem to be the proper dosage to begin with; increased as per effects. Solanine poisoning should be treated by atropine and strychnine after emptying the stomach. The effects do not last very long, but just how long is yet to be determined.

Of the plants containing solanine dulcamara is probably that most frequently employed. It contains also an alkaloid dulcamarine, whose properties are unknown (Brunton). Poisoning by dulcamara causes skin eruptions with duskiness and itching; vomiting, dizziness, convulsions, abdominal pains, thirst, heat and dryness of the throat, rapid respiration and pulse, and vital prostration. In ordinary doses it acts as a sedative and mild narcotic. A distinct anaphrodisiac effect has been noted. Overdoses call for washing out the stomach with warm water and mustard, hypodermics of morphine and atropine, and diffusible stimulants by the mouth. Dulcamara is thought to be of service in scaly skin diseases, the recent decoction in rheumatism, and acute respiratory catarrhs; the extract has been given for mania, especially nymphomania and satyriasis (Shoemaker).

Ellingwood recommends dulcamara for

acute respiratory catarrhs, pulmonary congestion, chest pain, an excellent auxiliary in acute bronchitis; usefully influencing the cutaneous manifestations of syphilis and scrofula; nervous irritation with depression, hyperesthesia, pruritus pudendi give small doses and increase.

Dulcamara has been employed in scaly skin diseases, with antimony; and Husemann recommended it in chronic bronchial catarrh, asthma and whooping-cough (Brunton).

Lloyd terms dulcamara a mild narcotic, diuretic, alterative, diaphoretic and discutient; depressing the circulation in some persons, with lividity of the skin, dizziness and heaviness of the head, besides the symptoms elsewhere described as due to solanine.

Lloyd recommends dulcamara for mania with powerful sexual excitation; though it is said to occasion venereal desires, with heat and itching of the female genitals, and strangury; acute troubles due to colds; chronic skin diseases, pustular, vesicular or scaly syphilis, rheumatism, cachexias, ill-conditioned ulcers, scrofula, indurations from milk, leucorrhea, jaundice, obstructed menstruation; especially scaly affections like leprosy, tetter, eczema and porrigo, with guaiac and yellow dock; for catarrhs give fractional doses; suppressed menses with headache, nausea and chilly sensations, from exposure to cold; dyspnea, cough and chest pain from exposure; headache from acute catarrh, coryza, retrocedent and tardy eruptions; vesical catarrh aggravated by dampness; catarrhal diarrhea of children, rheumatism in those living in damp dwellings; nymphomania and satyriasis (Dewees); small doses for pudendal itching and stitching pains; small doses for chronics with



Carlyle said: "The United Kingdom contains 27,000,000 people—mostly fools." A few are left over for Eddy.

Druggists testify that in severe diseases and emergencies treatment by all schools is the same.—*Critic and Guide*.

feeble circulation, cold hands and feet, full tissues and tendency to edema (Scudder); the specific indications being: Scaly skin affections, acute disorders due to cold and damp, deficient capillary circulation in the skin, diminished cutaneous action with urinous odor, cold and blue extremities, full tissues with tendency to edema.

Solanum Carolinense, the horsenettle, has been highly praised as a remedy for epilepsy. It depends on solanine mainly for therapeutic value. In large doses the horse nettle depresses the cerebrum and respiration, stimulates the spinal cord, but does not affect the circulation (Thornton). It is diuretic, anodyne and antispasmodic; of use in various convulsions and in tetanus (Napier). Pearce found it of special value in essential epilepsy, in most cases lessening the frequency and severity of the paroxysms; the dose being one or two drams four times a day of the fluid extract (Shoemaker).

Hare reported some success after a brief trial. Thrush found the plant best suited to cases of *grand mal* coming on after childhood and not hereditary; it was less useful in hysteroepilepsy and

very little in *petit mal*. It is not toxic, like the bromides, though Wilcox and Stevens state that even in moderate doses it causes marked hebetude.

Lloyd isolated from *Solanum Carolinense* an alkaloid differing notably from solanine, which he named solnine. Its properties do not seem to have been studied.

Lloyd says that horsenettle has been employed for tetanus, chorea, eclampsia, infantile and hysterical convulsions; its chief use being for epilepsy, especially the form where the paroxysms are worst about the menstrual periods.

Ellingwood recommends that in epilepsy the horsenettle be given until a sense of dulness or drowsiness is felt.

Dulcamara and horsenettle may safely be laid aside for the alkaloid solanine, on which their therapeutic values depend. Especially in epilepsy and cognate disorders should this agent receive a full trial, pushing, as Ellingwood suggests, until full physiologic effects are manifested. So many reports have been made as to the value of dulcamara, that we believe its alkaloid will prove a worthy addition to our list of remedies.

Chicago, Illinois.



HEPATIC INSUFFICIENCY; AUTOINFECTION—CAUSES, SYMPTOMS, TREATMENT.

THE ACTIVE PRINCIPLE OF BILE AND THE ROLE IT PLAYS.

BY W. C. ABBOTT, M. D.

PART IV.—THE ROLE OF THE BILE IN PREVENTING INTESTINAL PUTREFACTION.

THE bile is a mixture of the secretions of the liver-cells and of the mucous-cells lining the biliary passages and the gall-bladder. The mucus contained in the bile differs in no way

from mucus secreted by any other mucous membrane and contains nothing that may be considered specific. The secretion of the liver-cells, on the other hand, contains several specific principles, i. e.,



The greatest invention in the world is woman. Good thing when she was invented there was no patent office.—*Critic and Guide*.

Don't take yourself too seriously. The world would go on as well without you, or almost so.—*Critic and Guide*.

ingredients that are not found in the secretion furnished by any other organ of the body. In addition the liver-secretion contains a variety of substances that are found in many other body-fluids, and that appear in the bile as *excretory* and not as *secretory* bodies; among the latter I need only mention urea, lecithin, cholesterin, ethereal sulphates, and a variety of mineral substances, as the chlorides and phosphates of calcium, magnesium and iron.

Neither the mucus of the bile nor the excretory substances voided in the bile interest us in this place, for we are chiefly concerned in determining which is the specific secretion of the liver cells, the *active principle*, that can perform the many important functions that we have attributed to the liver, within the liver channels and, after it is voided, in the bowel.

The two most important of the specific elements of the bile are the *bile-acids* and the *bile-pigments*. The former appear in the form of the alkaline (potassium, sodium) salts of two bile-acids, viz., taurocholic and glycocholic, the latter in the form of a number of pigments that are all fundamentally related to a yellowish-green material called bilirubin and are known by the names of biliverdin, bilifuscin, biliprasin, bilihumin, etc.

Of these two groups of specific liver products the pigments must be considered to be excretory in character for they are physiologically inert, for they play no further role after they once enter the bowel; they are not reabsorbed into the blood or lymph from the bowel to exercise any effect in the tissues at large, but promptly leave the body in the stools after having undergone a va-

riety of chemical modifications in the intestine that change their character considerably before they are ultimately deposited in the feces. There is even some doubt in regard to the claim that the bile-pigments are formed exclusively in the liver, for there is much experimental evidence to show that bile-pigments can be formed anywhere in the body where blood-pigment undergoes stagnation—witness, *e. g.*, the yellowish-green discoloration of a bruise, of a hematoma, of sanguinolent exudates, etc. The pigments found in these foci cannot chemically be distinguished from the pigments found in the bile.

The bile-pigments, therefore, need not concern us further in our search for the active principle of bile (in the above sense). By exclusion, therefore, we are forced to assume that *the bile-acids are the only specific products of the liver-cells* that appear in the bile and that can exercise the important specific functions that this fluid can perform. This postulate is fully borne out by a mass of clinical and experimental data of which the following are the most important:

The bile-acids and their salts enter the uppermost portion of the small intestine in considerable quantities; an analysis of the stools shows that only a very small proportion reappears in the feces. Of about 4 Gm. of bile-acids, that a dog of 8 Kg. excretes in twenty-four hours, only about 0.5 Gm. appears in the feces (Bidder and Smith). The urine practically contains no bile-acids. Moreover bile-acids administered by the mouth reappear within a short time, not in the feces and not in the urine, but in the bile! (Neisser, Experiments on Human Subjects with a Biliary Fistula). The lymph of the thoracic duct (Tapheiner)



Christian Science: Babbling won't help you if arteries are cut, and hope ain't 'nuf for a cancer.—V. A. Robinson.

Without even knowing the location of the various organs of the body, the mystic heals incurable diseases.—Casson.

and the leucocytes of the circulating blood (Croftan) both contain bile-acids. From all these facts the conclusion is self-evident that the bile-acids are in great part reabsorbed from the bowel, perform an intermediary circulation from the bowel through the lymph-and-blood-stream to the liver, and ultimately reappear in the bile—to be again poured into the bowel and again to travel the same circuit. This fact alone should teach us that *the bile-acids are an important and valuable principle that the organism does not waste but uses over and over again*. One is forced to the conclusion that these bile-acids must be intended to perform a variety of functions in various portions of the organism, viz., in the bowel, in the circulating blood and in the liver.

As a matter of fact we know this to be the case. Within the narrow frame of this article I can only enumerate, in a diagrammatic way, what we know today of these multifarious functions; the finer experimental details and proofs of these discoveries cannot be given. Much of this work is recent and has not yet filtered from the widely-scattered monographs in different languages into our standard text-books of physiology and hence is not yet the common property of the older generation of practitioners who do not have access to the former publications. It is a pleasure and a privilege, therefore, for me to be able to present these latter-day discoveries in an assimilable form to the many readers of "the CLINIC family."

In the bowel, it has been known for a long time, that the bile-acids exercise chiefly four important functions, viz.:

1. They distinctly influence the peristalsis of the small intestine throughout

its course. They act consequently as laxatives, by causing the rapid propulsion onward of the bowel-contents and by promoting that liquefaction of the solid and semi-solid albuminous ingredients of the upper bowel that alone can be brought about if an intimate mixture of the albumins with the enteric ferments and with certain bacteria is promoted.

2. They regulate the degree of fermentative splitting of the albumins and the carbohydrates. When this degradation occurs too rapidly much pabulum is wasted because it cannot be absorbed as rapidly as it is formed; hence the bile-acids, by checking, *i. e.*, slowing this process when needed (and the outpouring of bile is reflexly regulated by the degree of disassimilation) promote better assimilation than if they were not present to inhibit enteric fermentation.

3. Their presence is absolutely necessary for the proper assimilation of the fats. Here they act physically by promoting the emulsification and saponification of fat-globules and by enabling the latter to adhere to the bowel wall and to enter the lacteal channels.

4. The bile-acids possess the power to a very marked degree of preventing the pullulation of many of the putrefactive bacteria that lead a parasitic existence in the bowel contents and that, if allowed to develop unchecked, cause abnormal putrefactive decomposition of albumin, with all the dire consequences that I have enumerated at length in previous paragraphs.

It will be seen, therefore, that the absence of bile-acids, a deficiency of this important liver-secretion, can produce serious perversions in the bowel in four different directions, viz.: (1) By depriving



Like an advancing tide, like a swelling ocean, Science has been slowly drowning superstition, mysticism, occultism.—Robinson.

Humboldt arose and flashed across the earth, the Truth, that the universe is governed by law.—Victor A. Robinson, *Critic and Guide*.

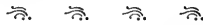
ing the bowel-wall of an important stimulus to peristaltic movements they cause stagnation of bowel-contents and incomplete mixture of indigested material with digestive ferments; (2) by allowing the degradation of albumin and carbohydrates to proceed unchecked they cause too rapid disassimilation of these bodies with inadequate absorption; (3) by preventing the proper emulsification and saponification of the fats they prevent the assimilation of this important food and deprive the organism of this pabulum;

(4) by allowing intestinal putrefaction to go on unchecked they favor abnormal degradation of albumins, loss of nitrogenous material and *general autointoxication with resulting cardiovascular, nervous, hepatic and renal disorders.*

In the *blood* the bile-acids perform equally important functions, all of which will be elaborated, with more direct suggestions as to treatment, in my next (and probably concluding) paper.

Chicago, Illinois.

(To be continued.)



MODERN THERAPEUTIC SUGGESTIONS.*

BY GEO. F. BUTLER, M. D.

Professor of Therapeutics and Clinical Medicine, College of Physicians and Surgeons; Professor Medicine, Dearborn Medical College, Editor of *How To Live*.

PART I.

STORCK, the great Vienna therapist, was the first to advocate the principle of therapeutics which I am about to discuss. The earliest of Storck's experiments were made on pulsatilla and aconite. Both of these remedies were inherited from the ancients and employed by Dioscorides. When

medicine fell into the hands of the monks during the middle ages, the prohibition to them of blood letting led them to employ aconite in fever where the surgeon or lay medical man would have phlebotomized. To this in part, as well as to a superficial resemblance based partly on the doctrine of signatures, aconite owes its popular name of monkshood.

*This is the first of a series of articles to be written by Dr. Butler under the general head of "Modern Therapeutic Suggestions." They promise a rich treat to every physician interested in this, the most vital department of medicine, and we know will interest and help every member of the CLINIC "family." Dr. Butler has had wide experience both in private practice and as superintendent of the Alma Sanitarium. He is a teacher in two well-known medical colleges and his Text-Book of *Materia Medica and Therapeutics* is in use in many of the leading medical schools. Last, but by no means least, he is the editor of *How To Live*, which is the magazine for the laity upon health and kindred topics. It stands opposed to quackery in all its forms and for the doctor and his influence in the home. By the way, you should have this magazine.—ED.

Storck employed aconite and pulsatilla in experiments on healthy men and women and on his own person. He used the expressed juice of the fresh plant in its active state and employed triturations with milk sugar on the same principle as Dover had used potash to triturate ipecac and opium in pulv. ipecac. comp. Sugar of milk was selected for two reasons, firstly, because it would readily comminute and tear asunder vegetable remedies when triturated with them,



Doctors have their faces turned toward science; faith healers toward superstition—an insuperable difference.—Casson.

The vindication of medical science is written in the practical elimination of cholera, smallpox, yellow fever.—V. A. Robinson.

and secondly because it was an indifferent substance which would not alter or impair the virtues of the remedies manipulated with it.

Storck drew conclusions from the physiologic effects of drugs shown in their untoward action as to remedial value. Having suffered for two years from violent contusion of the eye he took pulsatilla on the recommendation of Dioscorides, and soon noticed a severe lancinating pain in the affected part. This he construed as a favorable omen, an opinion confirmed by his own recovery and others under like circumstances. Storck claimed that two cases of partial amaurosis and ten of corneal opacities were either cured or much benefited by pulsatilla.*

Ophthalmic diagnosis, however, was not as clear before the day of the ophthalmoscope as it has since become. Indeed, Storck diagnosticated as gutta serena, hysteric amblyopia in a young girl afterwards cured by Mesmer with hypnotism. This case gave Mesmer the boom that produced the great Parisian éclat which he secured.

Despite such a pardonable error in diagnosis, Storck established many valuable therapeutic principles, some of which languished into temporary quackish obscurity because of their seizure and exaggeration by Hahnemann during the later charlatanish days of that great sectarian. Among principles so exaggerated was the one to which I have devoted this paper. This principle is known in Hahnemannic phraseology as "proving," one factor of it being the "aggravation," which Hahnemann quietly took from

Storck without unduly straining himself to acknowledge its source.

The wild absurdity of the "provings" it is hardly necessary to describe. The absurdity does not necessarily arise from bad faith, but is more frequently the result of both suggestion to those upon whom experiment is made and autosuggestion in the experimenter. Control experiments are ignored and the personal element of error in the "proving" is hence enormous. The principle tested by careful analysis of the elements underlying its action and by control experiments is none the less valuable. Many of the benefits charged to remedies administered on the principle of *similia similibus curantur*, advocated by Hippocrates, Paracelsus and Hahnemann, and crudely explained on that principle, are chargeable to the physiologic action of drugs on certain nervous symptoms as contrasted with their action on others.

In the action of every remedy as of every morbid influence, three factors have to be considered: First, the constitution of the individual; second, the state of the constitution of the individual at the time it is subjected to the remedy or morbid influence and finally the specific action of the remedy or morbid influence. This is true particularly of bacterial morbid factors. The state of the constitution generally and specifically at the time of bacterial invasion furnishes that *sine qua non* for bacterial action, the culture medium. Without this culture medium bacterial action fails, either as to germ action itself or as to action of its toxin. Indeed, lessened virulency depends entirely on the culture medium from which the germ has come or to which it passes.

The great errors that have been made



*J. C. Peters, *Journal of Nervous and Mental Disease*, 1878, p. 234.

A man is always happy until he finds out that he has digestive organs, or that he possesses a liver.

Oculum non curabis sine toto capite
Nec caput sine toto corpore,
Nec totus corpus sine animo.—Socrates.

in experimental therapeutics have been made by the transfer of experiments from an unanalyzed nervous system to one of different character. This has been particularly the case in what has been contemptuously designated "dog and pigeon" therapeutics. While the homeopaths have not illogically criticized these uncritical performances, still their much-belauded "provings" have had greater elements of error arising from factors already described. The question arises: Is there a means of applying this principle free alike from the errors imminent on "dog and pigeon" therapeutics and those implied in the "provings"? Careful study of drug action reveals such a means of great value properly analyzed in the untoward or by-effects of drugs.

Untoward effects while seemingly multiform in character can, as *J. G. Kiernan points out, be readily arranged under a few general laws. The primary and secondary effects which are often opposite in nature; the organs chiefly affected by the ordinary action of the drug; the method of excretion of the drugs, all play a part in what may be called general constitutional untoward effects as contrasted with untoward effects due to temporary and evanescent conditions which however also arrange themselves in regulated fashion. Prediction may be made with considerable accuracy as to the untoward effects of any new drug on learning its therapeutic action and the factors cited.

As W. L. Baum forcibly states,** all matter which enters the economy, whether through the medium of the alimentary canal or through the skin, causes certain

changes to take place either in the nature of an excitant in the peripheral nerves (producing local disturbances and sometimes reflex nervous effects which influence the normal nutrition of the part), or it is carried by the circulation to organs for whose cells it has a chemic or physical affinity. Taking into consideration a temporary or permanent change in the individual cell it is readily seen how the ordinary physiologic action of a drug rapidly becomes perverted. The individual diathesis is an important factor in the causation of these effects. If, as Bouchard remarks, nerve reaction by corrupting for the moment nutrition, produces the morbid opportunity, it also modifies nutrition in a lasting manner and develops diathesis. Such acquired diathesis once established may become hereditary.

Into the action of all drugs, therapeutic or surgical procedures enter always, therefore the etiologic moment furnished by the congenital state of the constitution as well as its state at the time the drug is administered or the procedure employed.

Even a terse analysis of the physiologic effects of any given class of drugs demonstrates how varied are the organ and cell factors entering into the etiologic moment. Since the synthetic drugs have come into use the varied action of antipyretics has necessarily attracted attention. Yet all the therapeutic action was previously outlined in their untoward effects.

An antipyretic has as untoward effects, skin eruptions because it is excreted through the skin; because the skin through its pores regulates temperature and hence is under the influence of the nervous system controlling tempera-

**Medical Standard*, Vol. IX.

***Medical Standard*, Vol. XIV. Autointoxication.



Descartes placed the soul in the pineal gland, Bonnet the corpus callosum, Digby the septum lucidum, Haller in the pons.

Platner located the soul in the corpora quadrigemina. Boerhaave in the medulla oblongata. Pituitary body, Sajous?

ture, and finally, because the skin from an early period in embryogeny has had close connection with the nervous system. Since control of temperature cannot be effected without control of the vasomotor system regulating the blood supply, heart failure, collapse and palpitation may result together with certain eye and ear symptoms. If the drug be one which influences cerebral circulation especially by an influence such as results from what is known as a tonic action, then delirium, blindness and deafness of a temporary character are produced.

Temperature is regulated by three systems of nerves: Thermotaxic, or heat-regulating; thermoexcitatory, or heat-increasing, and thermoinhibitory, or heat-decreasing. The irregular balance of these centers constitute, as Ott* has shown, an irregular morbid state. If the thermoinhibitory centers be too much stimulated, they may lose their control, hence in certain individuals temperature rises after an antipyretic. Antipyretics which stimulate the thermoinhibitory centers must, to a certain extent, exert a calmative influence on nerve perturbation interfering with these centers. Antipyretics, neurotics and hypnotics so far as untoward effects are concerned, may be placed in the same class. More than fifteen years ago Laborde pointed out that all agents which reduce the normal animal temperature (the pulse being almost always simultaneously diminished) act at the same time on the sensory function of the nervous system and attenuate or abolish this function.

All thermic moderators hence are necessarily moderators of nervous sensory

action. The antithermic action is exerted primarily and preferably on the sensory centers of reception and perception in a manner to produce or annihilate, instantaneously, the functional activity of these centers; hence thermic depression must be followed by correlative depression of the phenomena of sensibility in the human system.

As all coal-tar antipyretics are sedatives and hypnotics, hence to a certain extent, their influence must be exerted through the vasomotor system. When undue strain is produced on the heart, this through its influence on the kidney circulation may produce renal symptoms even to the extent of albuminuria. If moreover the antipyretic be excreted through the kidneys, albuminuria is very likely to occur. Alteratives and cathartics produce hemorrhage from the mucous membranes and edema of those organs of special sense, beside skin eruptions.

Cathartics sometimes produce untoward effects which indicate an influence on the nervous system independent of their action on the bowel. Thus, as I have elsewhere pointed out,* castor oil produces such intense relief of nervous symptoms in children as to strongly suggest the influence of a nervine. This opinion is further borne out by the fact that among its untoward effects are well-marked-nervous symptoms like vertigo and tinnitus. Of course, the fact should be remembered that, as Havelock Ellis* points out, in early life the emotions caused by forced repression of the excretions are frequently massive and acute in the highest degree and the joy of relief is correspondingly great. But in

*Fever. *Bull. gen. de Therap.*, 1889.

*Therapeutics. *Psychology of Sex*, Vol. II.



The physician who refuses to battle with (for) Ormuzd is numbered among the servants of Ahriman.—Solis-Cohen.

I have always maintained that the very existence of pharmacy as a profession depends upon the physician.—W. J. Robinson.

adult life on most occasions these desires can be pushed into the background of consciousness, partly by training, partly by the fact that involuntary muscular activity is less imperative in adult life so that the ideal element in connection with ordinary excretions is almost a negligible quantity. The relief to which I refer is not of this psychic type since there is something more than the mere relief of excretions. The action is that of a sedative not a cerebral stimulant. That castor oil for example exerts a sedative influence on facial neuralgia is shown by the results reported by H. N. Moyer,* to the Chicago Academy of Medicine some years ago. His results have since been corroborated by H. T. Patrick and Blake Baldwin. The sedative action, in Kiernan's opinion, was due to the ricin which possessed a slight local anesthetic property. The revelation of the nervous influence of castor oil here proved suggestive of its application as a sedative in neuralgic states.

That tonics and alteratives have a similar action I have elsewhere shown. The most potent of tonics and alteratives are most fertile in untoward effects since a drug of potent physiologic action must of necessity try more severely inherited and acquired deficiencies of constitution than an inert drug. Too excessive strain on inhibitions weakened by acquired or inherited defect gives an undue sway to inhibited centers. Lewin* points out that most untoward effects of drugs may be conditioned on preëxisting affections of the inhibitory apparatus of the system. The influence of inhibition on physiologic states is often misinterpreted. Conditions are ascribed to weakness in dy-

namic action which are frequently due to weakness in inhibition of such a nature that the center responds unduly to a slight stimulus. Thus very frequently the conditions underlying sexual impotence and the many states thereon dependent are ascribed, and in part truly, to excessive desire and imperfect power of performance. But this excessive desire is often underlain by a weakened inhibitory state which permits response to a slight excitant that does not fully exhaust the sexual appetite. For this reason the employment of aphrodisiacs so often fails completely except through their psychic influence. It is through this last factor also that new aphrodisiacs at their first output succeed so brilliantly to fail so signally later. Experience has shown that the reverse treatment often gives satisfactory results. J. G. Kiernan many years ago pointed out that camphor and the bromides alike produced at times aphrodisia and emotional states thereto allied as untoward effects. Claiming that these resulted from a stimulus of the inhibitory centers (that required a considerable excitant to overcome, which excitant naturally produced very demonstrable effects) he prescribed camphor monobromate for cases of impotence where the quick, feeble response to stimuli was present. In many cases complete recovery occurred and the sexual system acquired its necessary tone. His results have been corroborated by W. L. Baum.

Some twenty years ago, E. C. Spitzka observed that in epilepsy the bromides produced aggravating effects. He suggested that this was due to suppression of the nervous explosion and indicated the use of an agent which should so distribute the accumulated nerve force as

*Untoward Effects of Drugs. *Journal of the American Medical Association*, April 14, 1900.



Hydragogin is a mixture of trs. digitalis and strophanthus, scillipicrin, scillitoxin and oxysaponin.—W. J. Robinson.

A Baltimore doctor charged with assault plead a mistake; for his "left meant the hospital, his right sure death."

to make the attack pass off without disturbing the balance of the nervous system. Ergot had been shown by Siemens some years previously to have among its untoward effects (when taken by healthy women) epileptic states. Starting with this basis Spitzka suggested the union of ergot and the bromides as a means of relieving the objectionable untoward effects of the bromides and utilizing the untoward effects of ergot in distributing the nerve discharge so as to prevent the undue disturbance of the balance of the nervous system.

The same factor was illustrated in the utilization of the untoward effects of ipecac as a basis for therapeutic action different from its ordinary emetic and expectorant action. Ipecac, as Woodward* many years ago demonstrated, had other actions equally valuable. It has been found by careful experimenta-

tion that ipecac exerts in small doses a sedative action and an alterative influence different from its emetic action. Under the inhibitory doctrine of Lewin this is perfectly comprehensible. The same is true of arsenic. Indeed, were the action of arsenic not known its various applications could readily be pointed out from the untoward effects observable from its use.

In dealing therefore with the untoward effects of drugs the therapist is brought face to face with suggestions of physiologic action which carefully analyzed give valuable therapeutic suggestions. There are of course many elements of error to be eliminated but this is the case with all problems in science. As a guide to investigation I refer to the tables of untoward effects from my work on therapeutics.

Chicago, Illinois.



TYPHOID FEVER—THE PROOF OF THE PUDDING.

BY W. H. BALDWIN, M. D.

THERE are yet many physicians who do not believe that typhoid fever can be aborted or any case shortened by treatment. They insist it must run its course, twenty-one or more days according to severity, and anything coming short of that is not typhoid and a mistake in diagnosis has been made. If you argue that the Widal test was proven, or the diazo reaction had taken place, they will insist that those tests are not conclusive evidence, as the reaction sometimes occurs in healthy individuals and again fails to respond when the disease is known to be present.

*Non-Emetic Uses of Ipecac.

Now in this article I wish to show by conclusive circumstantial evidence that the disease can be lessened from the regular course and made much less severe by proper treatment, also the mortality greatly reduced.

I was informed by a colleague a short time ago that a member of the faculty of the University of Michigan said to him, that they did not use much treatment in typhoid at the University hospital, but gave their patients cold baths and a regulated diet. I also learned that their cases ran the usual prescribed course.

The second case of typhoid the writer



All our appetites are conditional. Enjoyment depends on the scarcity.—G. F. Butler. Even quail palls after a few days.

Any worker near fifty should consider himself in his prime; good for another fifty of temperate, judicious work.—G. F. Butler.

was called upon to treat, soon after graduation ten years ago, was that of a young man nineteen years of age. In those days I followed my text-books more closely than I do now, and the case was treated in accordance with the order as laid down by Bartholow. The case ran the usual course in a satisfactory way with a temperature of about 101° F. in the morning to 102° F. or $102\frac{1}{2}^{\circ}$ F. in the afternoon. There was but little tenderness or tympanites in the bowels and at the end of the third week the temperature was within one-half degree of normal. I congratulated the family and myself on the apparently successful result, when on my next visit I found the temperature $104\frac{1}{2}^{\circ}$ F., my patient delirious, abdomen distended with gas. The symptoms appeared over the abdomen, an uncontrollable diarrhea developed and on the fifth day of the relapse my patient died. I learned that he had gone to the outhouse and had, contrary to my order, sat at the table and regaled himself on whatever his fancy suggested. There was no question about the diagnosis.

One week after in passing the house I was called to see a brother younger, I found a temperature of 102° F., headache, etc. I proceeded to clean him out with calomel, 1-6 grain every hour for twenty-four hours, then placed him upon the sulphocarbolates. His temperature was normal on the fourteenth day, and recovery was uneventful. At no time was the temperature above $102\frac{1}{2}^{\circ}$ F. The bowel symptoms were limited to tenderness, only with no diarrhea.

Three children of a neighbor of the above, who drank from their well, were taken with fever. The first, a girl seven years of age, was sick a week before

medical assistance was called. I found her inclined to delirium, temperature 104° F. The fever ran twenty days; she was very sick, had sordes on the teeth and lips, and hair all came out after recovery. The other two, one a boy older and one younger, recovered from the fever about the fourteenth day. They were treated from the start.

A young lady twenty years of age, was sick a week before aid was called. Having been ailing with some trouble of digestion for several months it was thought by the family that her present sickness was due to that condition, so the case was well advanced. On account of an irritable stomach the sulphocarbolates could not be given; at that time I used the ordinary commercial article and she could retain neither the zinc nor sodium salt.

The treatment was mainly dietetic and hygienic, consisting of predigested foods, trophonine, etc., with bismuth subnitrate. The case was progressing well under this regimen and had passed the third week, when an alarming hemorrhage of the bowels occurred, followed by another the next day. The patient was very low for three days when improvement began and recovery ensued. A sister two years younger, taken during the second week of her sister's illness, was treated with the sulphocarbolates and calomel. Her temperature was normal the tenth day.

A young man nineteen years of age under the care of a colleague, came under the care of the writer on the eighth day of the disease. He was wholly irrational and had been so for three days. The bowels were bloated and a characteristic rash thereon; sordes on teeth and lips, tongue deep red and dry, tempera-



Let grandma wear gaudy colors and grandpa be dudish; both will be younger for it; and it is in harmony with nature.—Butler.

Gray hair is honorable; that which is dyed is an abomination before the Lord.—George F. Butler. How about the peroxide kind?

ture 103° F. under the arm. I gave 1-5 grain of calomel every hour for twenty-four hours and 5 grains of zinc sulphocarbolate every three hours. At the end of the twenty-four hours, during which time the bowels had moved several times, I found him rational and he continued so throughout the remainder of his sickness. At the end of three days his tongue was moist and clean and the sordes had entirely disappeared from the teeth and lips. A comparatively comfortable sickness continued, with temperature not above 102° F., which disappeared during the third week of illness.

I received telephone message from the country to visit a boy who was very sick, and who the family feared would die. The case had been under care of a colleague about a week. I found a boy ten or twelve years of age, delirious and could not be aroused; lips, teeth and tongue were covered with sordes; tongue dry, cracked, and looked like a rotten piece of beefsteak; temperature $103\frac{1}{2}^{\circ}$ F. under the arm; bowels distended and covered to the chin with a typical rash. I believe he presented the most thoroughly infected appearance of any case I ever saw. The house was filled with neighbors and much excitement prevailed.

I have now become so confident in the result of treatment that I assured the family that I expected the boy to become rational during the next twenty-four hours. I began the administration of calomel, 1-10 grain every hour and the combined sulphocarbolates, one tablet every two hours. He was rational next day, his teeth, tongue and lips were clear by the fourth day, and his tem-

perature normal on the twenty-third day of his illness.

A sister younger was found with a temperature of 102° F. on my third visit; under calomel and sulphocarbolates her temperature was normal on the thirteenth day. At no time did she exhibit any distention or diarrhea, but the bowels were tender under pressure and temperature arose to $103\frac{1}{2}^{\circ}$ F. under the tongue, and epistaxis occurred. There was no eruption.

Now I have not entered into a scientific discussion of this subject for I am aware that when one begins to talk bacillus typhosus, diazo or Widal, some of our brethren are inclined to say, Rats! So I have presented as briefly as possible a few cases in which the diagnosis could not be questioned by reason of old-fashioned evidence, and to show that the disease was cut short and benefited by treatment. More could be presented but it would be but a repetition. While I have seen cases aborted, which I was satisfied in my own mind were true typhoid, I cannot furnish proof after the above style, so omit them; but if cases of typhoid can be modified and the course shortened one-half, cases changed from malignant ones to simple in two or three days' time when the disease is at its height, why not abort a certain proportion under favorable circumstances?

The writer begins by giving broken doses of calomel, 1-5 to 1-10 grain every hour for the first twenty-four hours, and after that a few doses every day or nearly so throughout the disease. If the case is just beginning he gives nothing else. If advanced, begin the administration of the combined sulphocarbolates at once giving ten grains every two or three hours. Follow with cold water. I now use



Cultivate thankfulness and cheerfulness. An ounce of good cheer is worth a ton of melancholy.—Geo. F. Butler,

The gastric ulcer case has appetite but fears to eat; the cancer patient has little desire for food.—Gerhardt.

the intestinal antiseptic tablet entirely (sulphocarbolates of lime, zinc and sodium) and have no trouble with irritable stomach since using it and so am able to give larger doses when required. I give no antipyretic unless temperature goes above 103° F., in which event I use the defervescent compound in dosage as directed. Limit the diet to as near nothing as possible and confine it to milk, broth from which the oil has been

removed, prepared foods and home-made ice-cream. The latter is extremely well borne and liked and can be made rich with cream and raw eggs. Cold sponge baths when temperature is high. Since using the above outlined treatment my percentage of recoveries is 98 per cent for ten years and barring perforation and hemorrhage I confidently expect recovery in every case.

Quincy, Michigan.



POINTS IN MINOR SURGERY.

THE TREATMENT OF CARBUNCLES, ABSCESES AND BURNS.

BY GEO. H. CANDLER, M. D.

THE carbuncle, abscess, boil or "felon" is constantly demanding our attention, and these together with burns and cuts or abrasions make up the bulk of the list of disorders calling for minor surgical work. How abominable were the tortures the doctor of old, inflicted upon his felon victim! The writer has seen—and that within a year—a man take hold of a thumb in the worst stage of onychia and slit it up to the periosteum without a word. Then he took a curette and scraped and gouged while the patient howled and swore. True, the doctor was a large man; the patient "colored," and the work effective; but at the same time that is not the way to treat such cases. There is no doubt but that negro will seek another physician next time he has a "sore spot."

In boils and carbuncles (and some abscesses) it is possible to abort the process by applying ichthyol (pure) for twenty-four hours, at the same time giving internally a purge of blue mass or calomel followed by a saline and then saturating

the patient with calcium sulphide. Grain I-3, hourly, will do the work in a day. Carbuncle which has advanced somewhat may be treated thus with effect: Paint the area with collodion (several layers) leaving a small spot in the center uncovered. Inject into this with a hypodermic syringe a few minims of this solution: Carbolic acid (crystals), gr. 20; glycerin and water, of each dr. 2. Go well down and turn the needle in every direction, leaving a drop of solution in each place. Repeat daily for three days. That is usually the end of that carbuncle. Under ethyl chloride anesthesia, a small crucial incision may be made in the center if thought best and then the fluid injected. Dress with an ichthyol ointment. This is the method for advanced carbuncles also. Spray with ethyl chloride, incise center and inject solution; after twenty-four hours the mass can be cleaned out easily. Use ichthyol, always, as the dressing, one dram to lanolin one ounce.

If the patient won't have the knife used, try this ointment—it often works perfectly: Ac. carbolic, gr. 10; fl. ext.



There is hardly a question connected with ulcer of the stomach that is not in dispute.—W. J. Mayo, *Southern Med. & Surg.*

The stomach tube is contraindicated in menstruation, when unnecessary, and when it may endanger life or aggravate disease.—Boas.

ergot, dr. 2; pulv. amyli and zinc oxide, of each dr. 2; ungt. aq. rosae, oz. 2. Spread on lint thickly and apply. Internally push the treatment recommended and the pus will liquefy and find ready exit.

In carbuncles which demand the knife thorough work is called for. It is better then to give enough ether or chloroform to render the patient unconscious of his troubles, though the writer has by the use of chloride of ethyl and a weak cocaine solution performed such work without much suffering on the patient's part. Make the crucial incisions small but go deep; then throw the carbolic acid well down to the base, ejecting a few drops as the needle is withdrawn. Mop out the incisions with the acid and dress. Some prefer compresses wrung out of a bichloride solution and ice above.

In excising a carbuncle, spray the skin with ethyl chloride in a circle around the affected area; inject (by Schleich's method) a cocaine solution just under the skin; make the wheals overlap and then incise. Inject again and go deeper; control hemorrhage with forceps and keep in sound tissue. A large hole will be left which must be swabbed with chloride of zinc solution (gr. 40 to oz. 1) washed off and painted with carbolic acid, alcohol and methyl violet, each one part, and then packed with iodoform gauze. This is no simple operation and is seldom needed if we get the case under the treatment outlined early.

"Felon's" may be aborted often by painting the part with a strong solution of silver nitrate in nitric acid, or the fuming acid, may be painted on. Plain ichthyol will also be effective. Don't use heat unless you want to hasten sup-

puration and remember that if any pus has formed it is deep and must come out, so the sooner the better. Freeze a spot with ethyl chloride, inject cocaine solution (after placing ligature at base of thumb or finger) and incise to the bone; don't cut through the nail; it is never needed if incision is made early. Now apply antiseptic (warm or hot) dressings and there will be no more pain. Give triple arsenates; nuclein and echinacea internally.

Boils can be opened when ripe, by penciling with pure carbolic acid and then incising; a small incision is enough. Give calcium sulphide, stillingin, echinacea and the arsenates internally. Keep bowels empty and aseptic.

Abscesses require differing methods of treatment according to cause and location. The surface, if accessible, must be cleansed with soap and sprayed with a two per cent solution of carbolic acid for ten minutes every two hours; or hydrogen peroxide may be used. The internal treatment formerly advised should be pushed. Between sprayings keep compresses saturated with bichloride solution over the area. An ethereal solution of menthol painted on will afford relief from the pain in more advanced stages. Sometimes the following method works beautifully: Wash clean, dry and apply with a swab a solution of silver nitrate, gr. 80 to dr. 4 of distilled water; go over on to the sound skin. In twelve hours repeat the process if inflammation remains.

Once pus has formed, incise, using the methods described before. Be sure of asepsis. Incise the part most dependent and look out for pockets. If present, break down with curette. Open



Lavage is useful in esophageal dilation; to dilate stricture and instil oil; to remove poisons or mucus.—Amster, *S. Med. & Surg.*

Lavage for inoperable pyloric stricture; in gastric neuroses for psychic effect; gastro-succorrhea; pregnancy.—Amster, *S. M. & S.*

deep abscesses with director always (Hilton's method) and provide for drainage. Always irrigate and place a piece of gauze in the cavity with an end under the dressings for the first twenty-four hours.

I insert the nozzle of a powder blower and throw into the cavity half a dram of euophen or iodicrol. This certainly facilitates healing. In those abscesses which are so situated as to render incision inadvisable, aspirate, being sure of sterile surface and needle; use needle

of large bore and be sure that you empty the cavity; to do this inject a saturated solution of boric acid or a five per cent solution of carbolic acid. Take heed of quantity injected and see that same amount is withdrawn. Seal the opening with collodion.

The main thing is to know what to do and to do it with the least possible distress to the patient. The doctor who operates painlessly, operates often. Burns will be considered in the next article.

Chicago, Illinois.



ABORTIVE TREATMENT OF PNEUMONIA.

BY J. BYRON SLOANE, M. D.

WHILE I am not now engaged in the practice of medicine, still, I am interested in its progress and watch with interest all new treatments brought out, and try to follow them to their destiny; success or failure.

Up until a little over a year ago I practised medicine, from the year of my graduation. During my senior year I read an article in a copy of the *Times and Register*, a magazine published in Philadelphia, on the "Abortive Treatment of Pneumonia." It gave as its principal remedy this prescription:

℞ Caffeine citrategr. 1-2
 Phenacetingr. 1 1-2
 Quin. sulphgr. 2

Sig. For one capsule. Make twelve doses like the above.

M. One capsule every three hours.

This prescription I used in different modified degrees successfully, not only in pneumonia, but in different forms of lung and chest trouble, also with success in colds.

In cases of pneumonia I always used other remedies in conjunction with this preparation, treating the symptoms as they would arise.

During these years of practice I do not remember of losing a single case where this disease was the primary trouble, and don't think I had more than two or three cases, at the most, reach the crisis. I consider the success I had in the treatment of these cases due as much, or more, to other drugs than to the above prescription, or perhaps it was due to the combined effort, or result of the different drugs in combination, for I always gave veratrum viride with the capsules, adding aconite, when indicated, and stimulating or aiding the heart with strychnia when necessary, and my experience with this treatment has convinced me that not a single case of pneumonia need be lost if this treatment is followed and pushed to the limit in severe cases, and that not a single case will reach the crisis if the case is taken at the start, or treatment is commenced in-



Gavage for refusal to eat; esophageal disease; after intubation for diphtheria and other larynx stenoses.—Amster, *So. Med & Surg.*

Read up fully on cases on hand. None can be considered alone; it is always in relation to variant cases.—Patrick—not St.

side of twenty-four to forty-eight hours from the start, or even later.

My method of treating all these cases, unless there was strong evidence that some other should be followed, and this only happened in a very few cases, was as follows: Modifying the dose of each drug to suit the case, but watching the case very carefully for the first two to four days, and calling in a nurse in each case, unless there was some member of the family that I considered competent to act as such, so that the patient would have constant care, and the medicine given regularly.

My first act would be to administer a large dose of Epsom salt, or Hunyadi water, or some of the other salts, or saline mixtures that would serve the purpose as well, and would follow this in two to four hours with a good vegetable cathartic pill, this in turn in three to four hours with a saline cathartic.

In each case, I would apply over the chest, sides, and back a large mustard plaster made in proportion as follows: One teaspoonful of mustard to a large tablespoonful of vaseline, using enough of each to make a sufficiently large plaster to thoroughly cover the chest. Plasters made in this way will not blister, and are just as effectual, besides getting the medicinal effect of the vaseline—always laying a thin cloth on the side that comes in contact with the skin, and leaving it on long enough to get results.

Commencing one-half hour after the first dose of saline cathartic these tinctures, *veratrum viride* and *aconite*, were given alternately or as directed. These I would take from my case as I always carried them with me, and used the homeopathic tinctures, as I found them more reliable, and more mixable with

water, and would give from one to five drops of *veratrum viride* every fifteen to thirty minutes until I would get results on the pulse, which would be indicated by a decided slowing, and a softening condition; then I would either lessen the dose or lengthen the time, but would hold the pulse down with this to as nearly normal as possible.

If the temperature was very high at the start I would give *aconite*, from one-twentieth to one-half drop every thirty minutes to one hour, according to the case and circumstances, and would commence giving the capsules as soon as they could be put up by the druggist, but modifying the dose of each drug in these to suit the case, and changed from the citrate of caffeine to the alkaloid, and always specified Merck's; in that way I knew the strength and action of my drug, and what results to expect.

With very young or very old people I would always commence with a small dose of strychnine to aid the action of the heart. The disease would be checked at once—whether this was due to the action of any of the drugs used, or to the combination of all, I could not say for certain; but the result was that the disease was checked at once, by opening up the air-cells, relieving any congestion or engorgement, reducing any and all febrile action or symptoms, and the patient would usually be relieved of all distress in a short time, in from twelve to twenty-four hours, would be greatly improved, and in a few days all danger from the disease would be over. The patient was convalescent or up before the disease is supposed to reach the crisis, and in cases where there was no complication it was necessary to have the patient in bed only a few days, not more



Systematically get up one subject well; investigate it thoroughly in every way; then take up another.—Patrick.

Don't admit to your presence a journal that is not perfectly straight and clean; don't indulge in yellow journals.—Patrick.

than a week at the most. Little if any attention need be paid to the diet, as the patient is well and ready for any diet before there is any great strain on the system.

The capsules are apt to produce considerable sweating, and care must be taken to prevent drafts striking the patient, and to prevent them from taking cold, although the room and house should be properly and thoroughly aired.

I could cite any number of cases, but will only give a few:

Mrs. D., aged 24, was down town doing her Christmas shopping; she was suddenly taken with severe pains in the chest and with a hard chill; she was taken home in a carriage and immediately put to bed. I commenced treatment as above described, called in a nurse, but discharged her in forty-eight hours. The patient was up the following day. Upper lobe of the left lung affected.

Miss K. had been ailing for a day or two with what she thought was "grip"; taken suddenly ill with severe chill, terrible headache, and pains in the chest. She was put to bed and I found a well-marked case of pneumonia. The lower lobe was affected; rales were very distinct over a large area. I followed the above treatment and she was well in three days, as far as the pneumonia process is concerned. An abscess developed in the middle ear and the nurse was kept a week or so for this.

Mr. E., aged 42, member of the theatrical profession, came to Detroit one week before his opening, to rest; he was suddenly taken with severe chest pains and chills at dinner-table. His wife got him to his room and in bed about 7:30. I did not see him until about 9:30. He was a man about five

feet four inches in height and weighed over three hundred pounds; his head seemed to be set on his shoulders, no neck. The face was very much flushed, temples throbbing, and he was very much alarmed at his own condition, for as I learned afterwards he had always been very much afraid of pneumonia. I thought at first that I had finally met one case where my treatment would fail, but decided I would give it a trial, and knew it would be a severe one. I started off with the treatment as usual, only in each case I either doubled the dose or shortened the time one-half, and did not wait for the usual time before commencing each medicine. I could not return to see him until after twelve o'clock; when I did, I was greatly surprised at the change, and at first thought my treatment had been a little too severe; if it was, it was, perhaps, the means of saving his life. His pulse beat was below normal, his temperature was down from $103\frac{1}{2}^{\circ}$ to 99° F., and instead of his face being flushed and bloated it was decidedly pale; was very sick at his stomach; and was in a profuse cold sweat. A hypodermic injection of 1-60 grain of strychnine and 1-8 grain of morphine soon relieved him from all bad symptoms. This was Thursday night. On Saturday night he called at my office, and on Monday afternoon he went on the stage and did his act. The left lung was affected, but owing to his condition it seemed as though the whole lung was involved.

This was perhaps the most severe test I had given my treatment, but it proved none the less effectual for all.

If this treatment is thoroughly carried out, and the case is well watched



Read to write; provided, of course, that the writer compels himself to produce really good stuff.—Patrick.

Naoumov removes warts by concentrating on them the sun's rays; the nutritive vessels become occluded and atrophy results.

from the start I do not believe that a single case will reach the crisis, or last over a few days at the most, and the mortality from this will be zero.

Detroit, Michigan.

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Dr. Sloane did well, and got good results from good treatment. He found it advisable to change from caffeine citrate to the alkaloid caffeine. Why? Because citrated caffeine is not a chemic compound but a mechanical mixture, variable in the proportions of its constituents. He got good results from the

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first; better because more uniform from the second. Now let him apply this experience to his veratrum and aconite. No one denies that good results from both these; but both are variable in composition and effects, and may with much advantage be replaced by the uniformly-acting alkaloids, veratrine and aconitine. It may seem a little thing, and wholly incompetent to produce such decided betterments of results as are claimed by the advocates of the active principles—but, try it for yourself. That beats argument.—ED.

ALKALOIDAL THERAPY IN DISEASES OF THE STOMACH.*

BY DR. E. MARTY.

IT should not astonish anyone to hear that half the diseases that the physician has to treat come from the neglect of attention to the proper functions of the digestive organs. Numerous agents begin to undermine our health when once the decadence of digestion is allowed to take place, and many are the ill consequences that follow in its wake.

No wonder that after a long indulgence of excesses at table, irregularity as to meal-time, hasty gulping of fearful amounts of ill-assorted and heterogeneous and at times even damaged foods, with habitual neglect of proper elimination by the stools—no wonder then that various dyspepsias come as a result. And in their train come also those interminable kinds of gastrites, colites, appendicitis, and the evils connected with them, hepatic and renal lithiasis, infectious fevers, neurasthenia, gout, rheumatism, arteriosclerosis, etc.

For a long time the pathology of the stomach was wholly unknown, and even

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now, in spite of progress made in this branch of medicine, how much empiricism still reigns in the care given to gastric patients! And yet we have at hand various procedures which allow us to make a far better clinical investigation, and which clinicians are making use of to study out, from various sides, the troubles of secretion, motility, absorption; it is no longer at haphazard that we have to prescribe acids, alkalies and digestive ferments, but in a true rational way.

What has the dosimetric(alkalometric) method contributed to a better treatment of gastric troubles? What good can it do in the various affections we are called upon to cure?

We can show this best by clinical examples, well studied and treated with precision:

ATONIC DYSPEPSIA—NERVOUS.

For some years I have had under my care a young man who is now a pupil

*Translated from *La Dosimetric*, by Dr. Epstein.

The proportion of drug fiends among Chicago prisoners has more than trebled since 1903; 309 to 970 cases.

The naval pharmacists are pushing to obtain increased rank and pay from Congress, with ulterior access to commissions.

in a large educational establishment at Toulouse, and whom I was called to see not long since in consultation. His hereditary antecedents were as follows: His paternal grandmother is living and is hale and hearty in her old age. His father is of a nervous nature, but has enjoyed good health all his life to the present time. His mother, whom I have known and attended, is a nervous woman, neurasthenic, dyspeptic, full of ailments which are associated with all kinds of genital nervous incidents closely neighboring upon a general neurasthenic state. The young man himself never has had any severe sickness. His growth was fatiguing, his figure slim and long and his thoracic perimeter has not the measure appropriate to his height. He was preparing for his examination at St. Cyr, when he was taken with great general weakness, headaches, pains in the shoulders. His stomach showed at the same time considerable functional insufficiency. Lack of appetite was almost absolute, and constipation constant. Eating caused almost immediately a heaviness, soon followed by epigastric tension, and painful uneasiness in the gastric region. Sleep at night was good but not refreshing, and the young patient in the morning felt tired and lazy.

Examining him I found the gastric parieties somewhat sensitive, flaccid and soft on palpation. Percussion showed a somewhat greater capacity than normal. Some succussion betrayed great muscular weakness. I had no doubt of having a case of painless atonic dyspepsia of the neurasthenic kind and I formulated the following treatment:

To prepare the ground I ordered him to take in the morning on an empty stomach three granules of glycerophosphate

of iron, three grains of glycerophosphate of lime. Before the two principal meals he was to take two granules of strychnine hypophosphite, and two granules of quassin. Lastly at night, before going to bed, one granule of hyoscyamine and three granules of podophyllin.

This treatment did wonders. The appetite was soon aroused, gastric ballooning disappeared, the intestinal functions became regular, aptitude for work increased gradually, and without causing the least fatigue, and in spite of the anxiety of choosing a career for his life, which rendered him somewhat nervously depressed, his general condition remained excellent. I had the young man promise me to be faithful in carrying out the treatment, in taking the dominant strychnine, strychnine hypophosphite, whenever he had to do some additional work, or whenever a feeling of fatigue occurred during the ordinary exercise of his profession.

After three years' severe struggle to find an opening for making a living my patient told me how happy he was to be free from all those difficulties, thanks to the precautions taken against the weak point in his constitution. The strychnine hypophosphite gave him promptly the strength he needed.

As his intestine acted yet irregularly at times, I advised him to stir up that organ with some five-granule doses of jalapin, three or four times before meals. This, I think, would suffice to help up that paresis.

HYPERCHLORHYDRIA.

M. B., 41 years of age. Came to see me about six months ago about a gastric affection. He consulted some other physicians about this, but without much re-



The *Western Druggist* looks on the proposal to tax wood alcohol as a trust measure to lessen grain alcohol competition.

Efforts are evidently being made to arouse a popular prejudice against wood alcohol, as was done with alum baking powder.

lief. His hereditary antecedents are as follows: His father died from a cold at seventy-two years of age. His mother, now seventy-four years old, is in good health in spite of an attack of paralysis, and is only subject to a habitual constipation of many years' standing. He was always well during infancy and adolescence. During his military service he drank very little alcohol and indulged in no gross drinking excesses. He spends about three cents a day in tobacco, used in the form of cigarettes since he was sixteen years old.

His trouble dates back to 1892, when he had the influenza. He was confined to his bed for two months and was one month in convalescence. It left him with gastric suffering, first with intervals of ease and then aggravations. His suffering increased in the hot season and in the beginning of cold weather, and his daily condition was as he describes:

He tires at six o'clock and suffers from pain in the kidneys (back?), without general fatigue. His breakfast consisted of milk which he very badly digested, having some pains, heaviness all the morning, without acidity or regurgitation. Before dinner he felt hungry. After this meal, which consisted of legumes (vegetables generally) and eggs, he rested quietly for two or three hours, then the abdomen swelled, and he had acidity of the stomach, and burning in the throat and under the breast bone. This trouble lasted until six in the evening and passed off after taking a cup of bouillon. The evening meal at half-past seven was little different from that of the morning, and occasioned at first no trouble, except some abdominal pain. He went to bed at nine, was awake a long time,

and despite a feeling of oppression fell asleep at last.

He wakes at three in the morning with acidity of the stomach, salivation of clear water and burning, glairy stuff in the throat. When the exacerbations amount to a real crisis this poor man has to abstain from everything, and yet despite the salivation, the acidity, the pyrosis or regurgitation there is very little vomiting, and the effort brings up only a little alimentary debris.

The man's intestinal functions are defective, and constipation is his ordinary condition. On examination I found the sonority of the stomach normal, and it occupied its ordinary space. The entire epigastric region is painful, but no puffiness, no bulging, which is a special sign of gastric contraction. Yet the movements of the stomach are followed by painful spasms.

The diagnosis of atonic painful dyspepsia with hyperchlorhydria forced itself upon the mind so that I instituted the following course of treatment:

Take every morning a teaspoonful of calcined magnesia in milk on an empty stomach, and at the same time:

1. Five granules of cocaine hydrochlorate; three granules of morphine hydrochlorate, and one granule of hyoscyamine.

2. Take every two hours a cachet containing: Bicarbonate of sodium, Gm. 0.50 (gr. 7 1-2); creta preparata, Gm. 0.50 (gr. 7 1-2); with this, three granules of cocaine and two granules of morphine.

3. Absolute milk diet. No tobacco.

From the first day of this treatment the relief was evident. The patient could sleep all the next night without awaking. The stools became satisfac-



A Russian visitor says American pharmacies sell many drinks, and "suspicious medicines at fabulously high prices."

If we must die, let old age claim each of us as its natural trophy.

—G. F. Butler.

tory by the magnesia and milk. At the end of the eighth day alimentation was resumed with milk as a drink. The above alkaline cachet was given with the repast together with two granules of strychnine arsenate as a general tonic. Two hours after that, to prevent any return of the trouble, I prescribed another cachet with the alkali together with a dose of cocaine-morphine. The local and general conditions became so much improved that the patient presented an excellent appearance and plumpness, denoting a sure and lasting return of health. The total abstinence from tobacco and the hygiene prescribed assured the recovery to health which lasts till today.

These two cases show with what rapidity and certainty dosimetry (alkalometry) acts in gastric diseases. Other cases will follow later and will show our readers various kinds of gastric affections treated with equally rapid and successful results.

But what is more remarkable is to see how we can avoid and prevent gastric affections with alkaloidal therapy to which a suitable hygiene is conjoined.

It is evident that intemperance in eating and drinking, that the abuse and sometimes even the slight use of tobacco and alcohol must be forbidden. But outside of these courses it is wonderful to observe with what convenient and precise way the alkaloids can be used in regulating any functions of the stomach which have become irregular in any of its parts.

The care of the mouth ought to be an object of continual attention by all of us. And the care of the pharynx, although apparently of secondary is yet of real importance. Have we not the calcium

sulphide for careful disinfection of the throat and to prevent tonsillar hypertrophy and rhino-pharyngitis, which is so dangerous for the digestion, though the deglutition of their abundant mucous secretions? This medicament is worth more than all the mufflers and wraps around the neck as means of preventing colds.

Strychnine stands the first in rank as a nervosthenic, general and local. Under its general influence the nervous system of the stomach renders its muscular fibers more resistant, more tonic. The rolling movement of the stomach contents becomes more complete and its emptying into the duodenum more rapid. Locally it acts upon the muscular fibers, but still more considerable is its action upon the glandular secretions, which forms a better chyme, better prepared for intestinal digestion.

Quassin, cubebin, and piperin assist the action of strychnine in increasing the glandular juices, and thanks to the reflex action, the appetite, too, the desire to feed one's self is also increased.

If the glandular juices happen to be insufficient for the digestion of albuminoids, then we have the granules of papain and pepsin to add to the former, forming the compound digestive granule which renders so much service by its composition.

Pain can be treated by all the scale of the alkaloids beginning with cocaine, then morphine, atropine, Gregory's salt, narceine, hyoscyamine and codeine.

Lastly we must not forget that medicament which secures the intestinal evacuations, which is so important in gastric diseases, viz., the well-known seidlitz (saline laxative). It is an alkaline laxative, mild or more energetic at



Better be born lucky than rich? In fact it is better to be born tough than either lucky or rich.—G. F. Butler.

After 40 eat less and eliminate more. Drink more pure water and keep the peristaltic wave of prosperity moving down the bowel.—Butler.

will, and the only one which judiciously used may make the other medicaments unnecessary. But when the intestinal atony has acquired a high degree, this medicament is inefficient alone without the aid of alkaloidotherapy.

Jalapin stands the first in the rank for efficiency. At a dose of some milligram granules it acts on the stomach, facilitating its peristaltic movements and the evacuation of its contents into the intestine. But as an intestinal evacuant it is in a five-centigram dose (gr. 5-6) that its action is appreciable. I have never exceeded ten centigrams, and the medicament served me well in the tender age of nurslings as well as in the parietic atony of old age. Next to this are podophyllin and euonymin, which act on the biliary secretion; bryonin, colocynthin, chlorin, and cyclomin, which can be used in small doses only, but the dosimetric study of them has not put

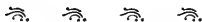
them yet to all the diverse uses in which they could serve.

I have said enough to show how dosimetry (alkalometry) can be used in gastric affections. It is abundantly able to stand the test.

Toulouse, France.

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There is a fine field for the use of the alkaloids and active principles in diseases of the digestive tract, and we hope to do something to develop it on this side of the Atlantic. Therefore, this article is peculiarly welcome. We do, however, take exception to the use of cocaine and morphine in the painful neuroses of the stomach. It is in just such cases as these that habits are so easily formed. Furthermore, in ninety cases in a hundred the pain is easily relieved by simpler measures, such as appropriate diet, rest, the use of alkalies, etc. Let's be careful, always.—Ed.



SURGERY IN MINING AND LUMBER CAMPS.

BY C. E. GREASON.

I NOTE with great pleasure the article begun in the September and continued in the October number of the CLINIC, on "Minor Surgery," written by Dr. Candler. We need articles on the minor points both in medicine and surgery, since it is often the little things which give the most marked results.

I am in a lumber and mining camp and see only dirty, ragged wounds, which must be treated generally in a bunk-house or cook-house where aseptic surgery is an impossibility and where the assistants are millmen or miners. I am not much of a writer and am not ac-

customed to going to press with any of my little experiences, but I must take exception to a few points. The writer states that corrosive sublimate and carbolic acid are undesirable in many cases. Also that iodoform is the same. This may be true but it is not borne out by my experience. I use them both almost daily and have never found any bad effects.

The creolin odor, as well as that of iodoform, is undesirable but I have never had but one case of bad effects from iodoform. That was in a shingle sawyer, who had used it frequently before without bad effect. This time he developed



Don't be foolish. Eat less and play more. Indulge in less fret and fume, and more fruit and fun.—G. F. Butler.

There are people too indolent to be healthy; literally too lazy to live.—Butler. At least too lazy to be long-lived.

an erythema about the cut which was followed in four hours by the formation of vesicles. The arm swelled, but there was no pain and healing was uninterrupted. Iodoform was stopped and all symptoms disappeared. I have a case once in a while that forms pus and will not heal by first intention. So have we all.

I use a 1 to 1000 bichloride solution to wash the wound, stop all bleeding, suture where necessary, dust with iodoform, apply gauze wrung out of the solution used as a wash, cover with cotton and bandage. If there is likely to be any hemorrhage I see the patient the following day and redress the wound in the same manner. In the course of a few days, I use bismuth-formic-iodide in place of the iodoform and dust the wound dry, as a wet dressing causes pain. Remove the stitches in four or five days and discharge the patient. This to me does not corroborate the bad effects of the bichloride.

I often treat wounds with nothing but a solution of carbolic acid, 20 to 30 drops to the pint of water. I clean the wound, stop the hemorrhage, suture when necessary, apply gauze wrung out of cotton and bandage. This treatment may look a little crude to the city doctor who is accustomed to nurses and plenty of assistance in the hospital, and it certainly will not, as stated before, heal all wounds by first intention. Nor will any one course do it, so far as I can learn, let surroundings be what they will, but from this treatment I get good results and that is all any of us want or care for.

A man from the city, or the country either, who can call to his assistance in an hour's time a fellow practitioner, cannot appreciate the situation in a practice

like this. I have no one, not even a nurse, within thirty-five miles, and often I can get no help in less than twenty-four hours. When you go to your case, let it be medical, surgical or obstetrical, you need quite often a goodly supply of nerve tucked in somewhere about your anatomy. I think if a few of the city brethren would "take a course" in a place of this kind it would be of great value to them. Many of those who lecture to the boys in college would do infinitely better work. The lecture would be less "booky" and more interesting.

I know from my own experience, with all due respect and reverence for my teachers (and I had some good ones), that the graduate could go to work with more determination and confidence if he had more training in this field, since it is the emergency case when no professor or any assistance is at hand that makes the youngster sweat drops of blood, blanches his cheek and causes his hand to tremble, for verily, the spirit is willing but the flesh is weak.

Berlin, Washington.

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We agree with you that it would be a good thing for some of the city brethren to "take a course" in practical surgery (medicine, too, for that matter) under conditions such as Dr. Greason describes. There certainly is no better method of developing self-reliance, nerve, than to practise awhile in the country. The man who is thrown entirely upon his resources is likely to become resourceful.

As regards the difference of opinions as to the value of the various antiseptics, it is quite likely we put too much weight on our own experiences. After all, the man behind the antiseptic is the biggest factor for success—or failure.—Ed.



Work your brains and keep in touch with people. Do something for others and forget yourselves.—George F. Butler.

Some live like a cucumber; cling to their vine and serve no higher end than rotundity and relish.—G. F. Butler.

Editorial Chat

SOME DIAGNOSTIC DANGERS.

NEXT to the prescription we may rank the art of diagnosis, as at present practised, as the most formidable obstacle to good treatment—to scientific therapeutics. Now, what a splendid opportunity we are giving the boys. Just hear the sarcasm that wells forth: "The CLINIC objects to diagnosis!" And as we are good-natured to-day, we'll give them still another chance by adding—the greatest stumbling block in the path of the young physician is his teaching as to diagnosis.

Let us ask Asmodeus to take us with the said young doctor on his rounds and see what he has carried from college. He walks into the sick-room, examines his patient, finds fever, abdominal symptoms, a tongue resembling a description he has read, and he makes up his mind he is facing a case of typhoid fever. So he makes tracks for a Widal, an examination of the blood, feces and urine, directs the room to be kept dark and cool, and waits for the confirmation of his suspicions. Then he waits for the attack to run its course, seeing to the diet, airing or ventilating the room, and if he has been properly impressed with its importance, he looks after the hygiene of the premises and surroundings. If the fever runs high he may direct cold baths. Otherwise he watches for indications demanding surgical intervention, and that's about all.

While we approve of all he has done, he has left undone nearly everything his duty as a physician demanded. In the

first place, his diagnosis has been imperfect. He failed to note that the presence of headache, boneache, nocturnal delirium, anorexia, heavy breath, and restlessness with insomnia, indicated toxemia; and that the fetor of the stools, nausea and flatulence pointed to the source of the poison. He consequently failed to flush the alimentary canal and disinfect it; which would have greatly relieved his patient, and subtracted materially from the sum total of the morbid symptoms.

Then he forgot entirely that at this stage of the malady there were comparatively few of the invading bacilli in the body, and that by saturating it with calcium sulphide he could prevent the multiplication of the microorganisms possibly, while his sulphocarbolates cut off reinforcements from the bowels. His examination of the pulse has shown a certain irregularity, with a tendency to weakness, which forebodes future heart failure; and he should forestall this by cautious and efficient dosage with appropriate tonics. There has also been manifest fever with undue rapidity of the pulse, and an inequality in the distribution of the circulation, and aconitine should have been added; while a dilatation of the pupil must have warned him of a tendency to ataxia, which tells of autotoxemia, and demands the clearing of the bowels by calomel and salines, with saline enemas; and the addition of zinc valerianate to the medicines, with

caffeine valerianate to increase the effect and stimulate renal elimination slightly.

Here is a whole lot he has found to do, instead of sitting with his arms folded till the diagnosis has been verified, and the malady has passed out of the period for most effective treatment. But he does not stop here. At every visit he finds reason for modifying his treatment, as the conditions vary. Fresh symptoms are manifested, and new emergencies arise, and his therapy, while remaining the same as to the main purposes, is adapted as accurately as his knowledge permits to the indications that present.

He is rewarded by a general amelioration of the symptoms, the discomfort and danger subside, and if he has been prompt, skilful and lucky, the evidences of typhoid become so dim that within a week he would doubt the accuracy of his diagnosis were it not that the *Widal* has confirmed it. The case has assumed the aspect of an abortive or mild form, and after a week or more in bed the patient arises, and gets down to his office about the end of the third week instead of beginning a tedious convalescence at that time.

Diagnosis is all right, if the man only carries it out far enough, and diagnoses the conditions as well as the name of the disease; and if he sees that there are conditions that require treatment, no matter what is the name of the malady, and applies the right treatment without waiting for the name. Fever, local congestion or hyperemia, defective elimination, decomposing materials in the bowels, these and many more conditions require prompt and judicious treatment, no matter what may be the name of the fever.

Some time in our student days we heard an old physician remark that he treated lots of diseases that he did not know the names of; that they got well, and he knew how to cure them; and that satisfied him. In the strength of our learning we then despised that man. Now we would like to hunt him up and take our hats off to him.

Have you diligently read and comprehended your text-books? Then sell them, and turn to the greater book of Nature. You will otherwise be tempted to wrest all cases into the similitude of the descriptions you have read, in place of studying what lies before you. Every really great teacher gets his inspiration from Nature; and then the copyists follow him in place of the older texts, instead of resorting to the book from which he studied. Sydenham read Nature, and left an imperishable name, an indelible impress on his profession—but he said that scarlet fever was “merely the name of a disease.” What a revelation was Trousseau to the book worshippers. His “Clinical Medicine” seemed to have left the texts far below him, and yet he saw disease as it was, not as it had been described—that was all. Even today there is much to be learned from this work, and the numerous brood of similar works that followed it. But there is much more to be learned from that greater work from which all the clinicians gathered bits of truth, and this is the book that is least studied by the beginner today.

Forget your nosology; let the name-diagnosis wait for the end of the case; and diagnose what you have to treat, the presenting conditions. Apply your therapeutics to the fever, the pulse, the alimentary canal, the vasomotors, the heart,



Some live as a summer breeze in a meadow; they find hidden flowers and set the perfumes flying.—G. F. Butler,

Some live as in a seashell; their existence is but a sigh. Others as the fire in a diamond; they are all sparkle.—G. F. Butler,

the eliminating apparatus, the aching head, and not to the title of the malady. It is really much easier, and from it you learn to be a real practical physician. Form the habit of name-diagnosis, and it is exceedingly difficult to break. To recognize conditions and fit the remedies to them is much easier, and more satisfactory.



HOW TO LIVE.

One of the difficulties which beset the doctor on every side is that he is subject to constant misrepresentation, vilification and abuse, even from those who ought to be his heartiest defenders. Every new school, cult, or religion; every alleged "reform," social or economic; every new stripe of quackery (and their name is legion) commences its propaganda with an attack upon the medical profession. Even the unthinking clergy, who benefit more from the charity of the profession than any other class, and who should be as deeply interested in the physical as in the spiritual welfare of their people (*mens sana in sano corpore*) all too often lend their influence to our undoing, through their free-will offerings of testimonials to the patent-medicine fakirs and nostrum-venders who, under the guise of curers of the sick, are preying like vampires upon the public, fairly forcing their rum-remedies down the throats of the all-too-gullible public by means of their lying advertisements, supported by "testimony," bought, garbled or stolen, and made to fit their nefarious scheme of destruction—not infrequently using as their strongest argument "recommended by the medical profession."

To a certain extent medical men (you,



Some live as the blind mole in the soil; they outnumber all the rest; see nothing, feel nothing, know nothing, to eternity.—Butler,

Doctor) are themselves responsible for this condition of things, because they have so hedged themselves about with the ill-advised reticence which they honestly, though erroneously, believe is enjoined by the "code," that they will not rise in their own defense; and the public press, which fattens upon the advertising of these frauds, loses no opportunity to furnish any misinformation which tends to weaken the faith of the public in the doctor.

It has become a problem, how we are to put ourselves right with the people; how we are to let them understand something of the marvelous work our scientists are doing; how disease is being blotted out by the ablest and most disinterested work for humanity that any class of men has ever attempted; how medicine may and does relieve and cure and, *not less important*, how they, the people, are being victimized by a veritable "trust" of these soulless money-sucking vampires who not only fatten on their real misfortunes but the more so upon those most exacting imaginary ones for the creation of which they themselves are responsible.

There are a number of so-called popular medical journals. Some (a very few) of these are excellent; more are questionably tolerable, most are abominable. Even those of the better sort are, to a considerable degree, the organs of individuals or corporations with private interests or peculiar ideas to conserve or promote; few, very few, (we cannot think now of one) have in any sense at heart the interest of the doctor and the preservation of his influence in the community for the good and welfare thereof. Many (even most) of these journals are openly antagonistic to the doc-

Nothing is so inane and detrimental to health as people's talk on their aches, pains and troubles.—G. F. Butler.

tor; are doing everything in their power to destroy his hold upon the people, and to paint him as a creature to be distrusted and feared, as a man actuated by the grossest self-interest—a something to be shattered in favor of the special fad or fake which they promote.

Posing as advocates of physical culture, food fads and other foolishness, magnifying the possibility of the so-called "natural methods of cure"—mind cure, suggestion and the like (and always against the doctor), these sheets are exerting a tremendous influence upon the country, and a most dangerous one. All or nearly all of them are fighting vaccination, serum therapy (antitoxin, etc.) and directly or indirectly all methods of medicinal therapeutics. But run through their advertising pages and you will find represented the most vicious and "suggestive" things that can (but should not) escape the toils of a post-office fraud-order. We know that behind at least one of these magazines, one claiming a circulation of over 100,000, stands one of the most-widely advertised and most dangerous rum-remedy institutions, whose alleged cure-all, stronger in alcohol than whisky, and many times stronger than beer, against which so much is and may well be said, is engrafting more evil on humanity in general than a thousand open saloons, and accursed as they are, is more to be dreaded for its insidious influence than is almost any other evil within our ken. And this is the kind of "medical literature" that is moulding the minds of the people! This is what is taking from the doctor the very bread of his mouth and using it to kill the soul and body of his neighbors and his friends.

There should be a popular journal behind which the doctor can stand. There is one! In *How To Live*, of which Dr. George F. Butler is the editor-in-chief, we have a journal published by doctors, intended to "hold up the hands" of the medical profession in its struggle to better the condition of men and women; and to this journal we give our unqualified endorsement and support, urging you, brother, to receive it with open arms and to secure its widest possible introduction in your community, that the truth may be known, and knowing it that your people may be able to oppose the wiles of the devil and be led to come to you in their time of need for that help and advice which, in its very fulness, you are so well able to give.

There are certainly few if any men better fitted than Dr. Butler to assume the leadership in this great work. He is a general practitioner of wide experience; as former superintendent of the Alma sanitarium for years, he has come into intimate touch with the most modern methods of treating disease, both with and without drugs; he is a teacher of therapeutics and clinical medicine in the Medical Department of the University of Illinois, and of practice of medicine in the Dearborn Medical College, both of Chicago, and is a well-known and polished writer both of medical books and of general literature as well.

How To Live and its editor have taken common cause with ourselves; they are now part of us; we have entered heart and soul into this work. The magazine, removed from Alma, Mich., will hereafter be issued from the CLINIC office, and we propose to use our utmost efforts to make it such a journal that



Three days' Chicago ads for a drug errand boy brought one lone applicant, tattered and dirty, willing to work for \$7.00 a week,

A promising production of camphor in China has been stifled by a syndicate that acquired a monopoly of export,

every doctor will see and feel in it an ally in which he can confide *and will not rest until he has introduced it into the homes of his clientele.* It will be clean from beginning to end. There will be no medical advertising of any sort admitted—nothing, if we know it, the spread of the knowledge of which directly or indirectly, will take one dollar from the doctor. Through *How To Live* we propose to instill into the minds of its readers that it is their duty to guard against these fakes and shams, and to go to the doctor when they are sick—that self-medication is *always dangerous, usually disastrous and often deadly.*

How To Live will be a family magazine, with departments for father, mother and the children—stories, poetry and the best of good advice on everything that interests and concerns the home. It is not to be a "health journal," but a *help to right living*—a help to every one who really wants to know "how to live." In other words, we propose to make it such a journal that you simply must have it on your home-table as well as in your waiting-room; so good and helpful that you will feel impelled to say to your patrons: "John, Mary, here is something you ought to have in your family; it's just the thing for yourself and the children; it will help you to live *right.*"

How To Live is devoted to the health, happiness and betterment of the people. Through it we are going to fight the fight of the doctor among the people, and he will and must help us. As doctors we are going to "nail" the lies that are being told about us; we are going to stand up for truth and right; we are going to let in light on quackery and its methods; we are going to strike "with might and main" the alcoholic nostrums

and habit-forming drug dopes and show their dangers; we are going to do our part to maintain the sanctity of the home, to carry a message of real, genuine love and helpfulness; one that shall encourage and inspire all who read our pages. In *How To Live* we shall point the error as we see it and strive to show "the better way" of heart, of body and of mind, in home and in society; the true sociology of right living.

There will be nothing "namby-pamby" about *How To Live*, on the contrary it will be "very much alive"; and we ask you to stand behind the movement. Will you do it? Hundreds of the CLINIC family, to whom the idea has already been presented, have answered "yes" with their subscriptions. Won't you? (See ad page 78 for business announcement and subscription form.)

Brother, it is worth your while! You owe it to yourself to support this work—to help us to help you—and we want you to do it! We are in it, heart and hand, for real, genuine, helpful betterment. If you are with us, say "yes" with *your* subscription and *bring your friends with you.*



THE CRITICISM OF THE HYPER-CRITICAL.

Fair and intelligent criticism is a thing to be desired and is appreciated by every individual engaged in any work of importance to either himself or others. The greater and more wide-reaching the work, the more need of keen and wholesome criticism. At the same time it is essential that the critic should be familiar, from its various aspects, with the aim and object of the thing he criticises. Well meaning and



The Mann bill, that passed Congress, provides for the denial of patents on medicines, but leaves it on processes.

A German drug journal has discovered that sage is a powerful anhidrotic. Whee! Maybe it will hear of agaricin some day.

conservative friends (and occasionally some not quite so friendly) point out to us every now and again the impropriety of recommending in our pages the "trinity," "digestive," and "sulphur compound" granules *as such*, instead of prescribing "aconitine, gr. 1-134; digitalin, gr. 1-67; strychnine arsenate, gr. 1-67" (the component parts of the first-named granule), or "strychnine, gr. 1-134; quassin, gr. 1-67; papain, gr. 1-3" (which compose the second), and so on.

Now, those who are not absolutely searching for pin-holes would scarcely consider this as being a flaw in finished CLINIC material. From time out of mind certain well-known and established compound remedies have been briefly prescribed and spoken of by some concise, distinctive, accepted names. What doctor, prescribing Blaud's mass in pill form, ever writes more than "pil. Blaud," or "pil. Blaud with nux."? Or, if it be desired to give the compound cathartic pill (U. S. P.), what physician writes more than "pil. cathartic comp."? Who ever thinks of writing the formula of either in full, and what educated pharmacist or physician does not well know just what "pil. Blaud" or "pil cathartic compound" means? And who (save a very few), without a book before him, could prescribe either in any other way? The compound syrup of hypophosphites contains several ingredients: who ever writes the formula when prescribing it? Isn't it the universal custom to write "syp. hypophos. comp." and doesn't that term convey a definite and positive idea to druggist and doctor alike? If we wish any particular make of the syrup, then we may add "McArthur," "Fellows," or what not.

But the point holds good that well-known pills, granules, or mixtures of unvarying composition are, and always will be, spoken of and prescribed *by name*. If this be true of written prescriptions, how much more should it be so of printed ones (frequently repeated), when it costs so much per "m" to set up the type? How useless and expensive as well as annoying also, would it be to the well-posted reader, to print, each time we prescribe a standard pill or granule, the formula *in extenso*.

We have always taken particular care to give the formula in full of any remedy recommended which is not in common daily use. Even when such standards as the "defervescent compound," "digestive," are mentioned constantly, somewhere, as a rule, in that same issue the full formulæ are printed.

We believe that a journal with fifty thousand readers must be perused by some men who are as yet unfamiliar with the present development of active-principle therapeutics. So, also, the textbooks and other works mentioning "Blaud," "cathartic compound," etc., etc., are read by some men who are unfamiliar with the formulæ of these preparations. But by referring to the *Materia Medica* they can gain the desired information; and so CLINIC readers, unfamiliar with the standard compound granules of alkalometry, can find their full formulæ in the published lists and books on alkaloidal medication.

We are not taking the stand that it would *not* be more scientific—more dignified even, perhaps—to always write the exact formula of every preparation used, containing two or more ingredients, than to do as we do. If this were



Senecin is said to be useful in gastralgia, stomach cramps, and flatulent dyspepsia; two to five granules before each meal.

Weichardt reports an antitoxin that renders men impervious to fatigue. Russian papers please copy.

the case, and every physician strictly followed the rule of writing prescriptions in full, the nostrum evil would mighty soon be killed, and to that end it would be a good thing.

But taken in its broadest sense, the prescribing or writing of certain standard remedies *by name* has been, is, and will be the custom, by reason of its very conciseness and convenience, and we fail to see wherein we err when we speak of the "trinity," or "digestive," granules any more than the text-book author errs when he writes recommending "Blaud's pill" as "a good ferruginous tonic;" or "pulv. rhei comp." as "an excellent corrective for the hyperacidities of children."

In considering great matters it is essential to pay due attention to the minor and component parts thereof, but it would be absurd always to speak of a brick as "an oblong solid mass composed of clay ninety parts, sand nine parts and chopped straw one part, the whole carefully moulded and subjected to a temperature of 000 F. for 000 hours."

There is such a thing as being—hypercritical. Some people suffer from a peculiar neurosis which compels them to gag at a granule while they can swallow a ten-grain capsule of antitiquity with unruffled composure — a case of the gnat and the camel!—for, one has the same *raison d'etre* readily accorded the other, but is of such nearness in the perspective as to be obtrusive to that class of individuals who do not dare criticize anything of ancient lineage or convention, but would ruthlessly "flay alive" the same idea or principle when utilized as a similar convenience in modern usage. We are in-

terested in medical progress, not in hair-splitting, quibbling—much ado about nothing.



MEDICAL TERMINOLOGY.

There is a so-called spelling reform already adopted by several editors of medical journals and the newer lexicons, that is misleading; reference being made to the common ending of alkaloids, glucosides, resinoids, in fact the entire group of active principles, with the termination "in."

An alkaloid is really a chemically defined entity and stands for a single, elemental substance. The other active principles are not, so far, to be included chemically, in the same group with the alkaloids. They are still chemically complex.

As written language is for the purpose of differentiation and classification of ideas, it is developed as our ideas develop—as compound ideas are resolved into their simple component thoughts. The alkaloids are capable of uniting regularly with acids to form salts, as is the case with other chemical, elemental bases. They should, therefore, be classified and distinguished as to their verbal terminology from other active principles, as they are chemically.

The accepted and established termination of all alkaloids is "ine," and distinguishes these bodies at a glance from the still undeveloped glucosides, resinoids, concentrations, etc., which end in "in."

As is frequently the case in reforms, the reformers in this instance were evidently incapable of the finer distinction herein involved and recognized by the



Did Musser really say the perfection of "preventatives" of disease is doing away with drugs? There's no such word.

The yellow poplar was once prized as a remedy for rattlesnake bites; used locally and swallowed. How about populin?

van-guard of therapeutic progress who practise alkalometry.

With all due respect for the right of others to think for themselves, and for any step tending to economy in the writing and printing of the language which will eliminate all unnecessary letters, the practice of spelling the names of alkaloids by leaving off the final "e," is, in our opinion bad usage.

It is bad usage because it is mis-usage. The thing came about when it was decided by our lexicographers, who became tintured by foreign influence, that the "ides" should henceforth be known as "ids." There can be no philological objection to this (although to many ears the long sound is more euphonious), because the compounds under consideration are *all* of the same chemical class. But, of course, when the linguistic carpenter got his new saw to working he didn't stop wherever he could lop off a final "e" and straightway, without recognizing that there was a fundamental difference between the *alkaloids* and the other active principles which should be properly indicated in the spelling of the names of those distinct classes, trimmed off the final "e" and went on his way to complacently perpetuate his error by introducing it into the next edition of his lexicon—to which reference might be made as an "authority," an authority that in our opinion has mightily blundered and is leading many others to blunder.



OF THE RUT, RUTTY.

Here comes the old doctor! Not so very old in years either, but old in all else—why, he is covered with cobwebs; coat needs brushing, trousers uncertain

about the heels, hat out of date long since; he smells of drugs—and carries some pills loose in his right vest pocket—a lump of something else in the left.

He scowls at us when he hears we are a doctor—like Towzer when a strange dog approaches, he receives us with instinctive antagonism. He draws into his shell; will not let himself out far enough to be caught; and receives with incredulity and suspicion anything we may offer "for the good of the order."

Bless his good soul! We would like to sidle up beside him if we dared and give him a gentle hug of appreciation; for we know what a life of unappreciated self-denial has been his; how many unrecognized kindnesses he has done his fellows, and what a power for good he has been to his community.

And then we would shake him hard, till the pills would fly out of his pockets. Lambast him good and plenty, till the smell of rhubarb and mixed drugs could not be detected even with a spyglass to one's nose. Then we'd stand him up in a corner and tell him what we think of him; how he has stood still so long that his feet have taken root; has walked his rut, when he could walk at all, until it is so deep he cannot see out of it; has narrowed his therapeutic resources till those C. C. pills in one pocket and that lump of gum opium wrapped in a bit of toilet paper in another constitute his *materia medica*. We'd try to make him so mad at us that he would go home and read up for a month in some of the new books we would send him—just to get even with us.

How can this doctor be coaxed out of this rut, and made to think for himself? He has vast stores of latent energies and



E. J. Brown has been elected professor of histology at the Chicago Eye, Ear, Nose and Throat College.

Hydrastis for many chronic catarrhs of stomach and bowels; especially those due to alcohol.—W. Blair Stewart.

capacities; he is a loser in the battle only because he is "loyal" to the antiquated methods which he still fondly believes to be "scientific"; and yet he could be such a force if he only knew it, and would adapt himself to the great therapeutic movements of the day. Quarry through his shell and you find the kernel well worth your labor in extracting. It "sure" takes work, but isn't it worth our while?

What do you say to this plan? Let's bombard the old doctor with ideas, till he stops thinking of himself as old. You do your part and we'll try to do ours and then let him come back at us. Send in your experience in the treatment of the every-day kind of diseases which interest him—and us. Talk of your successes, the splendid future of therapeutics—and the active principles. None of us cares so very much for the "science" that is so "high falutin'" in the way of putting things that it takes a German education and a Gould's Dictionary to translate it into sense! Then give us the doctor's name and we'll send him a copy of the *CLINIC* with your compliments. Between us can't we help the good gentleman to realize that "the world do move"?

Why not try it?



PNEUMONIA.

We have stirred things up some on this subject and propose to stir them more, for of all the abominations ever foisted upon the people for their destruction and to the detriment of the long-suffering profession this, that the medical man can do nothing for pneumonia, is one of the worst. Our personal sentiments were expressed in the columns of the *Journal of the American Medical Association*, January 29, and we reprint



Elaterium causes absorption of dropsies independent of the loss of watery fluid from the blood to the bowel.—Sewall, *Ther. Gaz.*

it in this issue. In this connection I will quote a note just received:

I hereby certify that I have treated seven cases of pneumonia, both lobar and lobular, with the alkaloidal granules. Result: Recovery in each case.

I wish that every case of pneumonia had to be reported, together with its treatment and the result. The treatment of these cases has been the best test to which I have applied the alkaloids.

DR. W. Z. ROBERTS.

Buffalo, N. Y.

So do we! Our columns are open. Let us have them. The profession can do much, has done much for pneumonia, and should resent any imputation to the contrary as an insult to their intelligence.



SOLANINE.

Numerous requests have come to us for information and literature on *Dulcamara*. The investigations of the properties of the horse or bull nettle have shown it to possess undoubtedly valuable properties as a remedy for epilepsy. Investigation showed the same active principle in these two plants; and we have gathered together all we could find concerning it and the plants; and the result is set before you in Dr. Waugh's paper.

The day has gone when the bromides comprised all there was to the treatment of epilepsy. The deleterious effect of these agents, their interference with digestion and depression of vitality, and the temporary nature of the relief they afford, all lead us to set them aside for any other method of treatment that is based on reasonable prospects of a true cure. The good results secured from the nettle, as attested by such authorities as Pearce and Hare, justify us in recommending solanine for trial in this



The Bulletin of Pharmacy is getting worked up over the invasion of the drug field by the "mail-order octopi." High time, too.

affection; and from it we should obtain more uniform and decided benefits than from the crude plant.

In pneumogastric irritations, respiratory and gastric, dulcamara has been praised by many practitioners; and since solanine sedates the peripheral terminations of the vagus there is justification for these reports. From the alkaloid we should obtain effects similar to those of emetine and codeine, without the objections accruing to the latter as an opiate.

Altogether we feel that in recommending solanine for clinical trial we have secured a valuable addition to our armamentarium.



AN EYE-OPENER FOR THE DOCTOR.

The two following editorials from the December issue of the *Apothecary* would afford ample food for thought for the doctor were we to reproduce them without one word of comment. The first shows how essential it is for the physician to *see* that his patient gets what he is supposed to receive. If, in a large city like Chicago, eight out of ten druggists dispensed something else in place of the aristol prescribed, what is the average substitution? Aristol will cure certain lesions better than any other remedy; colored fuller's earth has not such qualities. The doctor, whose reputation might depend upon the cure of a case calling for the use of this preparation would wonder why he failed to retain the patient whose prescription was filled with the "substitute," but the druggist got aristol prices for a worthless powder so he wouldn't care.

It has come to this pass: the physician must either dispense himself (and even



A promising anti-cocaine crusade has been inaugurated in Cleveland by the police authorities. More power to them.

then he needs to exercise due care as to where he procures his supplies and what remedies he uses) or he must insist upon seeing the medicines procured by patients upon his prescriptions. Only so can he be positively safe. Of course there are exceptions to the rule; there *are* scientific and honest druggists, lots of them; who practice *pharmacy* but, unless the doctor is very sure *his* druggist is such a man he needs to guard his own interests as above suggested. And, after all, isn't it infinitely more satisfactory, more scientific, more in keeping with the doctor's high calling, for the practitioner himself to give such medicines as are needed by the really sick? Plasters, lotions and gargles may be prescribed, and even many mixtures, but potent remedies for serious conditions should be given by the doctor personally and he, with his own mouth, should explain their use—and the probable results which will follow their exhibition.

There is one right way of doing things; it is quite evident that in medicine to write prescriptions to be dispensed from an uncertain source of supply is *not* that way. To those who have had experience it is equally evident that the bedside dispensing of the active principles *is*. No possibility of substitution or sophistication then; no uncertainty as to effectiveness or potency. The doctor who carries (and uses) the alkaloids lives up to the Hippocratic oath and *is* what he professes to be—a *healer of men*.

The facts revealed by the recent aristol investigation in Chicago are horrible in the extreme; almost shattering one's faith in mankind. When 108 out of 139 supposedly reputable druggists are proven to be at least criminally negligent, if not wilfully criminal, it makes

Ten men died in Ashland, Ky., from drinking a lot of wood alcohol they had rescued from a wrecked vessel,

one sick with disgust. These are strong words, but not so strong as the facts warrant. When a druggist, a pretender to professional standing, a claimant to at least ordinary intelligence, allows fuller's earth colored with oxide of iron to go into a prescription for aristol, as many of these men did, there is no excuse under the sun for him.

True, most of the druggists involved assert they purchased the stuff in good faith. That is, they admit they knew it to be a substitute for aristol, but thought it was "just as good." Think of it! The pitiable spectacle a man makes in offering such an excuse!

This is not sensational talk. We wish it were not a hundredth part as bad as we announce. But the truth is that when the real facts became known to some of those druggists in Chicago who really care for the good of pharmacy and have a pride in their profession, it made them sad beyond words. As another evidence of the terrible extent to which this fraudulent stuff was sold (though the above figures are evidence enough) it is asserted that one Chicago jobber in just one day after the story of the investigation prematurely leaked out through the postoffice department, which was assisting in the investigation, sold 429 ounces of aristol, more than before in months. If the fact that the investigation was being made had not leaked out it would have included every drug store in the city. As it is, the authorities have not stopped working, but it is hardly to be supposed that they will find many more cases like the above.

The samples for analysis were collected by a messenger boy and an adult companion, the former presenting a prescription for aristol signed by a certain doctor. In one case the messenger paid fifty-five cents for a quarter of an ounce of fuller's earth.

The only grain of comfort an honest man can find when he contemplates such conditions in a profession in which he is interested is in the hope that it is mostly

brought about from criminal carelessness, and not with a full realization of the matter, which would make it criminal intent.

The honest pharmacist has no fear of editorial criticism from any source and such are not considered in this article, but to be honest is not enough—the conscientious pharmacist should see to it that the drugs he dispenses are what the doctor prescribes, and that they are not substitutes. He has a perfect right, and it is good business to purchase his supplies of those who can offer the lowest prices—*providing* the integrity of the articles purchased and dispensed, is not only guaranteed by the jobber, but verified by the dispensing pharmacist, himself.

This incident is confined to aristol because its manufacturers have had the nerve to expose the fraud. It can be duplicated in spirit by writing 50 prescriptions for any standard *specified* preparation that does not belong to the *cheaper-but-just-as-good* class, and it is high time that the doctor awakens to this fact and the menace it entails.

Here is the other abstract from the *Apothecary*:

Mr. Edward Bok, of the *Ladies' Home Journal*, devotes a page this month to exposing the practices of a certain patent medicine firm, with which his informant held a high position for two years. Mr. Bok does not name the firm, but describes it as one headed by a celebrated "doctor." This doctor is nation-known, and as widely advertised, as a renowned specialist who gives personal attention to every letter written by suffering femininity, whose confidences, he advertises, he treats so sacredly as to forward all correspondence in "plain" envelopes, etc. But an intimate knowledge of the methods prevailing at this "doctor's" estab-



Chicagoans buying phenol stronger than 5 per cent get an alcohol and glycerin solution; and some lives have already been saved.

New York druggists called out of bed these cold nights may ask 25c for 15c worth of drugs, but cannot collect \$1 for them.

lishment proves that his ad-writer, at least, is a liar, with no truth in him. The hundreds of letters received daily are distributed to a corps of young men and women, who read through them just far enough to find a symptom, whereupon they put a number on the letter and pass it on to another set of young men and women, the number meaning that a particular one of a few dozen form letters will fit the case. If the letter happens to be "spicy," however, in its relation of mother's or daughter's secret trouble, more attention is given it, and it is frequently passed all around, or taken home for the edification of others. The letters through with, the names on them—and sometimes the letters outright—are sold to other firms.

And now the "treatment." The patient receives an early reply, assuring her of the attention her case has been given by the eminent "specialist" (who, per chance, has been on a yachting cruise for the last month), and advising her to try a certain remedy which just fills the bill, and costs "only a dollar, postpaid." There are four of these "remedies." One is 98 1-2 per cent water and the rest sulphuric acid, and one readily ignites. The other two are left to the already stimulated imagination. Usually the patient is informed that an analysis of her urine should be made. She sends the urine, whereupon, for a nice little fee, it is tested, the janitor performing that service by holding it over the gas jet for an instant to see if it turns color!

The "exposure" of the methods followed by the "eminent specialist" possessing startling features though the revelations made will not surprise some physicians who have long scented the rat behind the flowery advertisements of this concern. But it will surely cause chagrin and disgust to overwhelm those women who have been idiotic enough to entrust their secrets to an advertising shark. To have one's pelvic wrongs

sniggered at and discussed by a parcel of tom-fool clerks is bad enough, but to have oneself passed on to other jackals as an easy dupe is almost worse.

And then to realize that the dollar you paid for that "analysis of urine" helped to keep up the yacht and other luxuries of the "eminent scientist," while the urine itself received the ten-dollar-a-week janitor's attention! *That* is "too much" altogether!

The fact that the unfortunate dupe's disease which might have been cured by any ordinarily well-equipped doctor, grew beyond help, while the "guaranteed to cure" nostrum was being taken, has also some bearing upon the subject. That end of it, however, doesn't appeal to *the* "doctor"—the fellow with the yacht and a "four mixtures" *materia medica*.

It is a pity that the above account of what "really and truly" goes on in these iniquitous institutions cannot be read by every woman in the land. It is even a greater pity that the average physician doesn't fit himself to win the confidence first and then the practice of such patients.

Until the doctor at the door deports himself as a doctor should and proves his right to the title of "healer of ills," the far-off blow-hard "eminent specialist" will shine as something "eminently superior," and will capture the money and cripple the women.

The remedy is simple; the people must be educated, first, to respect and trust the practitioners who work among them and secondly to realize that any man who professes to cure certain diseases from a poor description and with



If c. p. means commercially pure, as it seems to in some cases, let us know it and adopt some new term for pure goods.—Bailey.

Manufacturers use the term c. p. carelessly, or put it on commercial grades of goods to secure a better price.—Bailey, *Bull. Pharm.*

internal medicines is, to say the least, a fool, if not worse: a knave of the most dangerous type.



A MAN WITH TWO STOMACHS.

Medical editors have to stomach many rebuffs, when recalcitrant advertisers fail to see the advantages of their respective periodicals, or get wrathful over expressions of opinion and withdraw the oxidizing plasma from the editorial bank account; when the spoiled subscriber persists in wanting material he can assimilate instead of what the editor prescribes, as what he should be able to utilize; when the diabolic printer turns his tribute to the fairest one from "sweet as the rose" into "sweat at the nose," etc.

But the difficulty we have experienced in keeping one stomach respectably filled leads us to protest at the attempt of Editor Patek to possess himself of a second stomach. No, not even if we possessed a free pass to the greatest of Milwaukee's thirst-queller factories, would we assume the extra responsibility thereby imposed.

We sincerely trust that Editor Patek, of the *Wisconsin Medical Journal*, will have succeeded in convincing the court that he did not purloin the organ aforementioned, which some citizen of the malted metropolis seems to have mislaid.

N. B. As this item may reach Milwaukee, please add, in the words of Josh Billings: "This is a goak."



DRUG HABITS.

Livingston has recently called attention to the vasomotor paresis existing in persons who are stopping the habitual



Minister:—Don't bewail your husband; other and better men have gone the same way. Widow:—Have they *all* gone?

taking of alcohol, morphine, or other habit-drugs. This condition is met by cold applied to the spine, by galvanization of the cervical sympathetics, by dry-cupping the spine, by skilled massage, and by the hypodermic injection of ergot.

All the present systems of treatment for these conditions embrace the use of the tensors, sparteine, strychnine, cactus, etc. While we have not seen any record of its employment, hydrastinine would be more directly indicated than either of these or than ergot. Try doses of gr. 1-12 of the hydrochlorate, three times a day hypodermically.



PILOCARPINE IN STRYCHNINE POISONING.

In the *Journal of the American Medical Association* Meltzer and Salant treat of pilocarpine as a remedy for strychnine poisoning. A child in its third year had taken an indeterminate quantity of strychnine; it had emetics, morphine, chloral to narcotism, and yet the convulsions grew stronger. As a last resort it was given pilocarpine, gr. 1-24 hypodermatically, repeated in eighteen minutes, producing its full effect. The convulsions ceased within an hour. This case is analyzed by the authors. In experiments on frogs the addition of pilocarpine always increased the toxic effect of strychnine. The same proved true in regard to rabbits. The authors conclude that recovery ensued in spite of the pilocarpine, not because of it. The report concludes as follows:

Pilocarpine is a poison and some authors state that in some cases it can even cause convulsions, like brucine, nicotine, etc. If that child would have finally succumbed to the poisoning, in the face

Druggists make 100 per cent on prescriptions, 20 cigars, 30 patents, 40 telephone, 10 on advertisements.

of our experimental results, we would have had no means to prove that the injection of pilocarpine did not have a share in the fatal outcome. Why do physicians forget the supreme law: first of all not to do harm? Physicians carry with them numerous alkaloids for use in cases of emergency. Their minds ought to be impressed by this obvious rule: On human beings each alkaloid should be employed only according to well-established indications for its use and not according to theoretical notions. Well-founded theoretical notions can and ought to be tested on animals.



LOOK UP THE COCCYX.

Among the little understood and less studied diseases are the nervous disorders of women. The wretched wife and mother who feels as though she were going to pieces, whose nerves each and all tingle and hurt, who laughs with a tear in her eye and cries with half a smile around her mouth goes from doctor to doctor, hopefully at first but in sheer desperation at last, with never a sign of real benefit. She tries the home cures, takes patent medicines and, unless she strikes one of the latter which contains an opiate of some kind, continues to suffer and becomes a burden to herself and her friends. If she gets the wrong patent nostrum she gets relief but also acquires the opium habit.

It is well worth the while of the general practitioner to make a study of just such cases, and the further he is from consultants and specialists the more necessary is it that he should be able to do something for such cases. Doubtless the reader has more than one such woman on his list. Has it ever occurred to him that there may be some lesion of the coccyx? These are not rare in

women who have borne children; in women who have had difficult labors they are frequently found.

Coccygodynia may occur in men as the result of a fall or blow, but it is much more frequently found in married women. The pain is not always local but whether this is or is not the case there is invariably more or less nervous disturbance. In fact, as has been suggested, many of the female nervous wrecks could be well were their coccyges repaired. In your old nervous cases think of this and examine the coccyx. First of all acquaint yourself with the normal anatomy, for the shapes which the injured bone or bones may assume are many.

Hirst in his *Diseases of Women* illustrates the types of injuries and disease which may be present and the illustrations impress forcibly upon one the fact that the coccyx is an uncertain quantity. There may be ankylosis of the entire bone from the sacrum downwards, though more often there is abnormal motility between the first and second bones, with a thickened intervertebral disc. Hirst points out that this may be due to hard work, violent coitus or pressure of fecal masses. Once the sprain exists the anatomy of the parts (muscular and ligamentous tension) prevents relief from natural causes.

One may encounter every variety of lesion (from a slight displacement (sprain) to fracture of an ankylosed joint. Pain, when local, is referred to the extremity of the spine. Distress is present during defecation and coitus and pressure elicit symptoms of distress. An examination with the finger in the rectum and the thumb in the crease of the nates will reveal the condition though



Barker (*Brit. Med. Jour.*) uses beta-eucain and adrenalin in infiltration anesthesia; better results than with cocaine.

The eucain anesthetizes the part and the adrenalin enhances and prolongs the effect; no depressing action.

it takes a trained and sensitive finger to recognize lesser luxations. If it is possible to feel a lower fragment which is out of line with the upper bone, or if sharp edges can be felt, fracture is evidently existent. Occasionally there will be redness of the overlying skin due to pressure by the projecting ridge of bone.

The entire spinal column may be painful and even a slight dislocation or displacement may cause the most varied and intense nervous symptoms. If the coccyx is intact it is well to examine for cervical tears, as these also set up a train of nervous symptoms. In examining the coccyx a constricted sphincter ani may be discovered and either rapid or gradual dilatation will remedy a long existent disorder.

It is not the intention of the writer to deal with the subject further; he merely desires to call the physician's attention to a much neglected and almost unthought of source of trouble. The official surgeon grows to believe that all disorders may be traced to some abnormality of the orifices of the body or the canals leading thereto, and he doubtless has grounds for his belief. The disorders described, together with adherent prepuce, fissures, fistulæ, "piles" and carbuncles, will account for at least half of the nervous diseases which have become an opprobrium.



MEDICAL MEN IN THE NAVY.

The Medical Bureau of the United States Navy still complains of its inability to secure a sufficient number of qualified medical men to fill the vacancies in the corps. The simple truth is that the rank and pay offered are not

sufficient to attract the class of men who are able to pass the very strict examinations. Some day the authorities will awake to the need of supplying the requisite men by educating them as the line officers are now prepared at Annapolis, at the expense of the government. The education of a physician now costs about \$5,000 to \$10,000, in money and time; and men who are well qualified have little inducement to go into the navy and get about a bookkeeper's small salary.



DR. THOMAS H. MANLEY.

We regret to announce the death of Dr. Thomas H. Manley, who has been an occasional contributor to the CLINIC for some years. Indeed, probably the last paper from his pen appeared in our columns last month. Dr. Manley was a surgeon of more than national reputation, well known as a writer as well as a careful operator, an original thinker and a fine teacher. His death was due to pneumonia.



HYOSCINE POISONING.

From England we receive note of a case of hyoscine poisoning. The physician ordered this remedy in doses of gr. 1-200 at bedtime; but the druggist reading gram for grain, put up 15 times the desired dose. Deep coma ensued; strychnine was properly given but weakened by brandy thrown in the rectum. Then the physician seems to have been bewildered for he injected morphine, and caffeine to antagonize it, hypodermically. Naturally, there was "little or no im-



Silbermark (*Wien. Klin. Wochenschr.*) prefers beta-eucain to cocaine in spinal analgesia; he used it in 232 cases with good results.

A French scientist has discovered that the microbes exchanged during kissing are of the beneficent kind—great for dyspepsia.

provement." Then the stomach was uselessly washed out, and strong coffee administered in full doses—a lucid interval evidently having taken the doctor. Improvement ensued in an hour, with recovery eleven hours after taking the hyoscine. The patient was 69 years of age.

The reporter very properly calls attention to the danger of the conjoint use of the two systems of weights, metric and apothecaries, and urges that the former be used exclusively. (We have just received a letter in which the writer quotes the Bible to show that the metric system originated with the devil and its use is impious.) But a more important deduction from this case is that the doctor should comprehend the action of the medicines he presumes to administer, and the proper antidotes for overdoses. Moreover, had he administered his hyoscine by the intensive method, gr. 1-1,000 every five to fifteen minutes till effect, he would not have had the smallest possibility of such a dangerous accident. When people employ alkaloids let them do so in the way experience has shown to be most desirable.



COURAGE ESSENTIAL TO SUCCESS.

It is sometimes said that he who hesitates fails. It is also said that "second thoughts are best," and we are advised to "look before you leap," etc. These and many similar phrases but express two extremes in various ways, and between them lies the truth.

The astute, well-grounded physician, the one who is fitted by nature, by training and experience for his profession,



We may now expect a widespread epidemic of dyspepsia! A pleasant "cure" like this ought to be exploited.

will decide and act, and usually act right, so promptly that he may seem not to look before he leaps; yet he does look, and although he may not be "cock sure" he is right before he goes ahead, *he goes ahead anyway*, following principles regarding which there can be no mistake. Nine times out of ten his prompt action checks the trouble in its incipency before organic change can have taken place.

This is abortion of disease made possible only with arms of precision and by this kind of a man.



DON'T PROMISE TOO MUCH.

It is not always the wisest thing to tell your patients just what is the matter with them or *what* you are doing to cure them. You yourself have first of all to find out just what treatment will work best in that particular case and if the first medicines fail it is a good thing to be able to change without having to admit that you were at fault. If you can, however, enter, as it were, upon the "second stage" with new remedies, the patient thinks that something has been accomplished by the prior treatment and is satisfied. In fact, make your patients realize that *you* are the *doctor* and that it is your province to cure, their's to obey. Don't either, unless you are very sure of your ground, make statements like "I'll have you well in two weeks," or "Ten days from now you'll feel like a young colt." That's bad policy. Tell them that they will soon be well and that the more closely they follow your instructions the sooner they can be discharged. Inspire confidence but make few promises with a time-limit.

Another prospective cure for cancer is in sight. The New York state laboratory has succeeded with mice.

GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

ACUTE PLEURISY WITH EFFUSION.*

MR. B., commercial clerk, aged 46 years, was suddenly attacked with a severe chill, on the evening of February 14. He was weak, had considerable headache, and some fever. Thinking it a passing malaise, perhaps la grippe, he went to bed without eating, hope to be able to resume his occupation on the morning of the 16th. With this in view, he took a purgative and remained in bed all the day of the 15th.

On the evening of the 18th, the patient not feeling better, I was called to see him. Inquiring after his antecedents we found all the symptoms of chronic bronchitis, dating for some years past. The patient had a slight continual dry cough in the morning, some white and frothy expectorations, difficult to raise, abundant night sweats and occasional diarrhea. There were painful points in the dorsal region, and some emaciation, dating a few months past.

Examining Mr. B., who had repeatedly had slight irregular chills the day before, we found his temperature to be 102.2° F., pulse small, hard, and accelerated. On the right side and below the nipple, he felt a severe "stitch," forcing him to immobilize that side in order to obviate the pain, which was aggravated on the least motion. There was also dyspnea, considerable respiratory embarrassment, and a short fitful cough. On inspection we found a slight

arching of the right thoracic side, and obliteration of the intercostal spaces.

On palpation we found the liver reaching down a finger's breadth below the false ribs. There was complete absence of thoracic vibration.

On percussion there was complete, absolute dulness, reaching up to three finger's breadth below the clavicle. Auscultation gave egophany and aphonic pectoriloquy.

Two days before, at the suggestion of friends, he consented to have a fly blister 12x12 centimeters (equal to 5x5 inches) applied to the painful spot. Some dry cups also were applied to the chest. For some hours after this the respiration became easier and the stitch in the side less painful. Next morning the symptoms resumed all their former intensity, and after four days and sleepless nights, the patient found himself extremely fatigued.

We had here an acute right side pleurisy at the full period of effusion, and estimated the fluid at about a quart and a half or two quarts. We ordered, immediately, the application of ten wet cups, and our first care was to combat the fever and the stitch in the side, try to arrest the effusion, and sustain the heart of the patient. He took a compound defervescent granule (dosimetric trinity), together with a granule of cicutine hydrobromate for the pain in the side, and as a sudorific one granule of pilocarpine nitrate. Very hot grog, at

*This case is reported by Dr. Bercher in *La Dosimetrie*.

pleasure, revived the patient and facilitated the perspiration. To unload the bowels he took a tablespoonful of saline every second day, which assisted in the absorption of the various granules.

On the morning of the 19th the temperature was 101.84° F. The pain in the side was considerably less, and the patient fell into a slumber after an hour, from which he woke after some little while. On examination no change was found in the right side of the thorax and auscultation gave the same signs as before. Only the dyspnea was nearly gone and after a while disappeared altogether, and reappeared only upon a fit of coughing.

On the evening of the same day the temperature was 102.2° F. The compound defervescent granules and those of pilocarpine nitrate were continued.

On the 20th the dyspnea and the stitch in the side disappeared. The patient slept for an hour. He perspires freely. His urine is red and loaded. The temperature is 101.6° F. in the morning and 102° F. in the evening. Up to the 23rd of the month the daily doses of granules were ten defervescent and ten pilocarpine nitrate granules.

On the evening of the 23rd the temperature was 101.2° F. Perspiration was yet profuse, the urine scanty, and the patient complained of difficulty in its passage. The fever was not high, so the patient discontinued the dosimetric trinity and began to take the following combination: Scillitin, strychnine arsenate, of each ten granules. One tablespoonful of saline every third day.

On the 28th of the month we saw the patient after an absence of two days. The effusion was being absorbed; it was at the first examination at the level of

three fingers' breadth under the clavicle and the respiration was *nil*, now it is audible over a good part of the lung. The temperature is normal in the morning and in the evening it fluctuates between 100.2° F. and 101.3° F. The pulse is slower and fuller. There is still a persistent feebleness, which is rather disquieting, due to the shock and mental shake-up which the patient underwent, and a little too to the amount of sudorific alkaloids he absorbed.

He will take daily ten granules of strychnine arsenate in a little grog and as much of pilocarpine, and every two hours a granule of quinine hydroferrocyanate.

The urine is coming again in appreciable quantity, and is slightly albuminous. On auscultation there is clear breathing and friction sounds showing absorption going on. After this period the same signs continued, and on March 5 there were audible clear friction sounds at the base of the right lung.

The patient demands food, his strength is coming back gradually, and on March 15 he went out of doors for the first time. From that time on he takes regularly six granules of strychnine arsenate daily and as many times a day of the following combination: Iron arsenate, quassin, and quinine hydrobromate.

There is nothing abnormal now about the right lung.

REMARKS.

The more salient point in the above two cases (this case and the case of pericarditis reported in January) is the beneficial action of the pilocarpine nitrate on both the pericardiac and pleural effusions. This alkaloid acted as an energetic cardio-vascular incitant, pro-



The mice cure consists in injecting diseased rodent with serum from immune mouse. Will the immune man furnish serum?

Havelock Ellis says that civilization consists in making the world ladylike? Women are more civilized than men.

voking a very free secretion of the sudoriparous and salivary glands which was of immense service to us. While its administration may be more dangerous than that of other remedies, yet it is perfectly safe, sure and inoffensive by the method of divided doses.

We must not forget the wonderful action of that vital incitant strychnine arsenate, which always makes itself felt upon a debilitated organism, as well during the acute stage of a disease as in convalescence, acting still better when the digestive canal is unloaded of all impurities by the prompt action of the saline laxative, which promotes its more easy absorption.

These two alkaloids, the one provoking the absorption of the effusion and the other sustaining the enfeebled organism gave us a fine opportunity of obviating a thoracentesis which is always painful and at times even dangerous.



BIRCH LEAVES AS A SOLVENT OF RENAL CALCULI.

This is recommended by Winternitz, of Vienna. It is a non-irritant diuretic. A case among others is reported in which the diagnosis was concurred in by a number of physicians and confirmed by an x-ray examination; it was treated with a decoction of birch leaves, and the patient is perfectly well. There were no more colics, no subjective complaints; the urine showed nothing abnormal, albumin and pus globules were absent, and the uric-acid salts could not be found from the freshly voided. The urine was examined two months afterward and was found normal, as before. Subsequently an x-ray picture was taken and



Women have larger brains than men, especially in the frontal region.—Ellis. Carry the news to Germany.

not a trace of the calculus could be detected.

The birch leaves are gathered in the early summer, dried, and powdered. A heaped teaspoonful is infused with a half a pint of boiling water, let stand for five minutes, then boiled for five minutes and strained. This dose is taken in the morning on an empty stomach, and a similar dose at 5 p. m. The treatment should continue for six months continuously, then twice or thrice every four weeks, and at a similar interval.

Dr. Jaenicke of Breslau has treated a number of cases successfully in this way for the last four years.—*Zentrabl. f. in. Med.* 1904, No. 13. *In N. Y. Med. Monats.*

❧ ❧ ❧ EPILEPSY.

Epilepsy, Its Prognosis and Therapy, was the subject discussed by Aldren Turner before the Royal Medical Society of England at its meeting of July 9, 1904. He observed 365 uncomplicated, idiopathic cases of epilepsy during two years at least. The prognosis was formed according as the disease was due to heredity, although the cessation, or amelioration of the disease was not to be given up. The age when the disease first showed itself was an important circumstance in the prognosis, which was worse when it appeared before the tenth year of age. The cured and uncured cases are equal when the first appearance was between the fifteenth and twentieth year. The greatest percentage of continued attacks are among those where it began between the twenty-fifth and thirty-fifth year. From that period of life on, the malignity of the disease abates. A further influence upon the prognosis is the

According to Ellis, men are superior to women mainly in one thing—muscle. We “ain’t such punkins,” after all.

duration of the disease. In the first five years of the existence of the disease, treatment has better prospect of success, although it may be cured, or at least improved when it has lasted twenty and thirty years. The unsuccessful and the least improved cases are those in which the attacks are daily or weekly, and most of the cures are those in which the attacks occur but once or twice a year. Cases of severe attacks are easier to overcome than those where severe and light attacks alternate, and most difficult to overcome are cases of light attacks only.

Marriage, if it has any influence on the number of attacks, is but insignificant. Pregnancy can at best have but a temporary ameliorating influence. The puerperal state seems to increase the disposition to attacks. Lactation has no influence. Cases where remissions have lasted many years spontaneously, or by treatment, give a good prognosis, but this cannot be identified with a cure. From the gathered data it was concluded, that a cessation of attacks for nine years gives the best hopes for a perfect cure, in which cases the percentage of cures was 10.2.



OXALIC ACID POISONING.

Oxalic acid poisoning and acute pancreatitis concomitantly in a case, was reported by F. Taylor to the Clinical Society of London in 1903. A man 68 years old, drank a solution of oxalic acid by mistake for water. Emetics were given (with what effect is, carelessly, not stated) but in spite of them there supervened trembling, weakness and cyanosis. Conditions improved during the course of the day. There was also emphysema and bronchitis. He was dismissed, at his



Physalix' vaccination for dogs' distemper has been tried in London by a committee, and has proved a failure.

request, from the hospital, and arrived at his home very weak, a distance of five or six miles. Two days later he was received into the hospital again. Most prominent in the disease symptoms were those of progressing bronchitis. Twenty days from the beginning of the trouble the man died. The postmortem showed, together with emphysema, purulent bronchitis and pleuritis, also infiltration of the omentum and pancreas. [The GLEANER picked up this report on account of the last two postmortem findings, because they are not mentioned in Peterson and Haines' Legal Medicine and Toxicology, 1904, nor in that small but very valuable Toxicology by Riley.]



THE PASSAGE OF A PILL.

The passage of a pill through the digestive tract was traced by Sicard and Infroit. It was made of colloid matter and filled with bismuth, so that when the canal was illumined by the Roentgen rays, its passage could be seen through the body walls. It was taken on an empty stomach. It was seen for half an hour in the fundus of the stomach, eight hours after that it was seen in the cecum, where it remained from four to six hours. It remained in the transverse colon from two to three hours, and in the descending colon from three to four hours. Between the twentieth and twenty-fourth hour it was seen in the sigmoid flexure, and after that it was expelled with the feces.



Chantemesse traced the etiology of phlegmasia alba dolens to an overloading of the cells with sodium chloride, on the reduction of which to a minimum the diseased phenomena rapidly receded.

Von Behring has succeeded in rendering cattle immune against tuberculosis by intravenous injections of human cultures.

MISCELLANEOUS ARTICLES

PNEUMONIA: A MODERNIZED SUCCESSFUL TREATMENT.*

THE weekly report of the Chicago Health Department for Dec. 17, 1904, shows that there were 95 deaths from pneumonia during the preceding week; and the report for a week later tells us the number had increased to 114. Since this is but a token of the vast increase in the mortality from this malady during the past few years, we may wisely ask why this is so, and if, as a prominent Chicago surgeon lately claimed, "there is no medical treatment for pneumonia."

Looking over the more recent articles on this topic in the general medical periodicals, we fail to find much evidence to contradict this bold assertion. Apparently, there is hardly a trace of a decisive, vigorous therapy, based on any distinct conception of the indications. One by one the weapons of preceding generations have fallen from the hands of their successors, and the paralysis of doubt and uncertainty has supervened. The only measure about whose value there seems to be a reasonable degree of unanimity is the employment of cardiac tonics—strychnine, digitalis and cocaine. Apart from this, the attitude of the doctor seems to be that of a sympathetic but helpless spectator of what too often proves to be a defeat.

The heart tonic is good in its place, but, despite the vivid encomiums of Juergenson and his school, it by no means comprises the entire therapy of pneu-

monia. The writer has seen a man die in the early stages of pneumonia from the injudicious pushing of strychnine, inspired by reading Juergenson. The great majority of hearts carried their owners safely through pneumonias at the time when every patient was bled freely, purged, puked, blistered, and fed on tartar emetic, calomel and water-soup exclusively. The human constitution and the nature of the malady cannot have so radically altered that every heart needs sustaining nowadays, if all needed, or a majority survived, universal and powerful sedation, fifty years ago.

Draw a wide line between the foregoing and the experiences reported by those physicians who have adopted the theories and practise of Burggraave. There is no pessimism, no helplessness here; but the rather buoyant faith in themselves and in their therapeutic agents and methods, and the reports of results to justify their faith. Even if they were wrong it would be worth one's while to follow their ways if thereby such a faith could be won.

Let us examine the grounds for these theories and this practice; for, if the foundation be unstable, the structure cannot be permanent.

No one, nowadays, seriously questions the power of the pneumococcus to generate pneumonia, or of other microorganisms like the influenza bacillus to likewise induce pulmonary inflammations, *de novo*. But we wait expectantly for the therapeusis based on these or-

*Reprinted from *The Journal of the American Medical Association*, issue of January 29, 1905.

ganisms—it is long coming and not yet in sight. Meanwhile, and until we have something better, we must go back to the ancient pathology for a therapeutic basis. We were taught that the first step in a pneumonia consisted in dilatation of the pulmonary capillaries; then came diapedesis of white cells, possibly rupture of vessels and effusion of blood with exudation of red and white cells, fibrin, bacteria, epithelium, etc.

If the first step is not taken there can be no second. If the primary dilatation of the capillaries is relieved, the subsequent phases of the process must wait. Hence we relax the spasmodic contraction of the cutaneous and central vessels by giving sedatives like aconitine and veratrine, as our fathers did by giving antimony, while we restore tone to the parietic walls of the pulmonary capillaries by the use of strychnine and digitalin. By employing both principles at once we accomplish both indications, and thus obtain a more direct and powerful action than when either one of these therapeutic forces is put in operation without the other.

This is most conveniently accomplished by using small and closely-repeated doses of the above agents combined in accordance with the particular indications of each case. Thus we may administer aconitine amorphous, gr. 1-134, and digitalin Germanic, gr. 1-67, every ten, twenty, thirty or sixty minutes until the pulse and the other symptoms show that the desired impression has been made upon the circulation, then less frequently so as to keep up the desirable effect. If the pulse is unusually hard and the elimination deficient, as in what is known as sthenic pneumonia, we add to the above veratrine, gr. 1-134;

while if the heart is weak and the symptoms denote the asthenic type of the malady we add strychnine arsenate, gr. 1-134, to each dose. As the type changes from sthenic to asthenic, or *vice versa*, we change from one to the other of these triad combinations and back again. This enables us to pursue the same general plan throughout, but gives a *flexibility* to our therapy that has no parallel elsewhere. The tonic triad was devised by Burggraave, and by him denominated "the dosimetric trinity," while the sedative combination was put together by Abbott, and is termed "the defervescent compound." For convenience in dispensing, these are made up into single granules under the above names; but this is simply a convenience, not a necessity, and many prefer to make the combination as dispensed with single granules of each remedy.

But this does not strike at the root of the difficulty, for it fails to take into account the original cause of the circulatory perturbation, the toxemia.

Whenever the specific serum for pneumonia is produced we are ready to utilize it, and give it full credit for whatever value it proves to possess; but until then we shall do the best we can with the means at our disposal—and, fortunately, they have proved so successful that we await the birth of the serum with equanimity.

To begin with, these infectious fevers are not so simple in their pathogenesis. While in many cases specific micro-organisms have been discovered that are concerned with their causation, it does not follow that all the varied symptomatology of an attack is directly due to this one organism. Instead of this it is almost certain that a number of other



Hans, the wonderful thinking horse, proves to be a marvel of training; he ciphers correctly at the signals of a groom,

Roop is chicken diphtheria, not certainly identical with human; calcium sulphide at first gave good results.—Mack. Push it harder,

microorganisms and other symptom-producing elements enter into the case. Some of these are common to all febrile maladies, such as intestinal autotoxemia.

In all febrile states the intestinal and glandular secretions become scanty, the excretions are apt to be checked and morbid excreta retained in the mucous tracts. Under the influence of increased heat and lessened vital resistance, the toxins are generated in this inert, dead, decomposable nitrogenous material, laden with billions of many varieties of microorganisms, and absorbed into the blood with increased facility. Circulating throughout the body this flood of toxins influences unfavorably every vital function. This much of the toxemia at least we may remedy, by clearing from the bowels their unwholesome contents and disinfecting them—and the latter can readily be done to such an extent as to deprive the stools of all unpleasant odor, which suffices for all practical purposes.

Of what value is this procedure?

The writer has employed it for many years, in fevers of all classes, and is prepared to affirm that by it alone about one-third of the symptom-complex of any febrile attack is dissipated. The temperature falls one or more degrees, the headache, muscle-ache, nausea, anorexia, insomnia, delirium, restlessness and many other symptoms either disappear or are markedly alleviated. In many instances the case is relegated to the category of mild or even abortive forms; in all the improvement is too notable to be mistaken or set down to coincidence. By the application of this method alone correspondents have reported a clear sheet of recoveries from pneumonia, following a heavy death

rate, which still continued in the practice of neighbors who had not adopted the intestinal antiseptic method.

The details of the method employed are of less moment than the principle; but the following has proved more satisfactory than any other that has been tried by the writer: One-sixth grain of calomel (or one-sixth each of calomel and podophyllin) is given every half hour till one-half to one grain has been taken, and then enough saline laxative to flush the bowel freely; then the sulphocarbolate of zinc, from 30 to 60 grains a day, or more (though if the bowels have been thoroughly emptied it is rare that 30 grains will not accomplish the purpose). If this salt proves irritant to the stomach, the compound sulphocarbonates of zinc, lime and soda may be employed, with a little bismuth salicylate. After the bowels are disinfected a smaller daily dose will keep the stools free from odor.

Other antiseptic agents may do as well as the sulphocarbonates; the principle is the thing, but so far, in the writer's experience, no other has given as good results at so moderate a cost.

Unless the sulphocarbonates are especially prepared for internal use, they are apt to irritate the stomach. Very little of the grade found in the open market comes up to the requisite degree of purity for internal administration. Nausea following a dose of $2\frac{1}{2}$ grains, in powder, should be a signal for changing the source of supply. If the symptoms closely resemble those following the ingestion of an equal dose of zinc chloride, the writer can usually tell the factory from which the supply was derived for his prescription.

The above comprises the essential ele-



Who owns the prescription? The druggist must retain it as he does a cashed check, to show the transaction as a voucher.—*Nat. Drug.*

Potassium silicate is a universal cement, for wood, iron, stone, porcelain, glass, etc.—solution penciled.—*Nat. Druggist.*

ments of a treatment of pneumonia that commends itself to the physician as eminently successful. The details as to diet, sick-room hygiene, the removal of disease-sheltering collections of filth from the house and neighborhood, etc., are the same as under any other method, and are only alluded to here because the writer looks upon them, in a measure, as essential as the internal medication. Nor have I taken up the management of the emergencies and exceptional occurrences pertaining to the disease. My object is to urge on the profession the importance of the routine (but rational) treatment described, and to call attention to the excellent results obtained from it.

I have given no detail of cases, no tables of statistics. What's the use? Every physician knows the valuelessness of these. Pneumonia is a disease, *sui generis*, and each case stands by itself. That one man at one season, practising in one place, succeeded in carrying a score of cases through the forms of pneumonia then and there epidemic, has little bearing on another series of cases where all the conditions are different. The views so confidently expressed upon the value of this method are based not alone on personal experience for years, but on reports from physicians all over the country, in every conceivable form of the disease and under all circumstances. Some are more favorable than others—there are differences in the malady and in the men who give and who take the remedies. But this advocacy is based on reports from practitioners in city and in country in every state and territory in the Union. I will quote just one, by no means the most favorable, but showing the results achieved by a

man who is not an enthusiast, and is working in a climate exceedingly unfavorable to pneumonia—Dr. J. Tracy Melvin, of Saguache, Colo., who, following a long correspondence with the writer, reports:

"ONE HUNDRED CONSECUTIVE CASES OF PNEUMONIA."

FORM.		Died.	Recovered.	Aborted.	FROM INITIAL CHILL TO CRISIS.	
					MIN.	MAX.
Croupous. 53 cases.	Children, 14 and under. 16 cases.	0	16	7	69 hours.	84 hours.
	Adults, 37 cases.	4	33	8	76 hours.	102 hours.
Catarrhal, 47 cases.	Children, 38 cases.	5	33	6	Average Duration. 9½ days. 16½ days.	
	Adults, 9 cases.	2	7	0		
Total	100 cases.	11	89	21		

He adds: "Perhaps this treatment should also have credit for some forty recoveries of patients whose complaint threatened pneumonia, but whose symptoms cleared in forty-eight hours or less." That is a characteristic remark—whenever the doctor begins to apply this treatment to his pneumonia he begins to have trouble with his diagnoses—cases look like pneumonia, but the symptoms subside so quickly that he thinks he must have been mistaken. Yet such experiences did not occur until he began the new treatment, or at least were rarer.

Dr. Melvin analyzes his fatalities thus: Of 37 adult, croupous pneumonias four died. Two were chronic alcoholics, taken into miners' cabins after lying out a winter's night, and had no medical aid for thirty-six hours later. The third was also a chronic alcoholic who died in a relapse. The fourth was a girl of 20,



With melancholy one contemplates the long death roll of the world's great, who have succumbed untimely to the tubercle bacillus.

The tubercle bacillus is and has been, through countless generations, the most potent by far of death-dealing agencies.

and one of those inexplicable deaths of which every practitioner sees some. Of the catarrhal cases, five deaths were in children under two years of age; the two in adults were aged 72 and 81, respectively."

A physician of wide experience and more than average capacity said to the writer that in the elevated regions of Colorado, pneumonia was synonymous with death. This being the generally-accepted dictum, such a report as Dr. Tracy's means much more than a similar record in lower altitudes, and is, therefore, worthy of most careful consideration.

In the words of the writer of years ago, verified personally and in the experience of thousands of others, times without number, and to put it in a nutshell:

In full-blooded patients begin with aconitine, veratrine and digitalin (or in asthenic cases with aconitine, digitalin and strychnine), one granule of each every fifteen to thirty minutes until pulse softens; then every half-hour to one hour. Keep the pulse at 80 or under if possible; envelop the entire thorax in a thin jacket thickly "quilted" with raw cotton or the common cotton "batten" well greased or spread thickly with one of the standard osmotic glycerinized pastes, and applied thick and hot; in severe cases renew dressing every twelve hours; give a few doses of bryonin or hyoscyamine and codeine for pain.

Clean out the *primæ viæ* with 1-6 grain doses of calomel and podophyllin, half-hourly, till one-half to one gram of each is taken; two hours after last dose give a heaping teaspoonful of saline laxative in hot water and repeat every hour till bowels move freely; then give 5 grains of the compound sulphocarbolates—the "intestinal antiseptic," every two hours, or enough to keep the bowel

sweet and clean. This is of the utmost importance.

If seen early and properly-selected remedies are pushed rapidly nearly every case may be aborted. If patient is naturally weak, always give strychnine arsenate in place of veratrine. Codeine may be used to quiet cough, if required, and emetine to facilitate expectoration, cactin for prompt relief of heart waverings.

Secure complete defervescence and rest, no matter how much drug is required. Nuclein solution should be given in doses of twenty drops three times a day, taken on the tongue *without water*. Leave patient on strychnine arsenate, or triple arsenates with nuclein, and use the saline laxative and intestinal antiseptic, q. s., throughout the case, and following, as required; the gist of the whole thing being: *local protection, elimination, with forced defervescence, intestinal disinfection, systemic disinfection, and strong support to nature's fighting forces.*

Doctor, if there is really "no treatment for pneumonia," there should be no reasonable objection to giving a trial to a method for which so much is claimed as for this one. I do not ask you to set aside an established and successful method to give place to a new and untried one. If your present system is unsatisfactory, try this; at any rate, you are judge and jury; and the method and the principles on which it is founded are open to consideration. If there is reason in them, and there surely is, no practitioner can afford to neglect this or any means of treating pneumonia that promises a chance of success.

Chicago, Ill.

W. C. ABBOTT.



PNEUMONIA CURED AT SEVENTY-FOUR.

I was recently called to see a lady seventy-four years of age. She had



What a rip-roaring time there would have been had John Paul Jones lived to take part in the War of 1812. Tubercle!—Huber.

Le Page, Rachel, Crane, Stevenson, Schiller, Sterne, Bunner, Keats, Nevin, Weber, Chopin, Lanier. Tubercle!—Huber.

pneumonia in the lower right lobe of the lung, and suffering greatly. I gave her a hypodermic of morphine, gr. 1-8, and atropine, gr. 1-100. I then ordered the dosimetric trinity granule every two hours till the fever was lower (103° F. nearly), then the aconitine every two hours, gr. 1-134, till the fever was below 100° F.

Breathing was difficult. I gave her glonoin, gr. 1-250 with emetine, until she was better. I gave arsenate of strychnine every three hours to brace her up. As a tonic, after the lung commenced to clear, I used the triple arsenates, three after each meal. She made a slow but sure recovery.

G. M. SOUTHERN.

Lincoln, Tex.

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Why should these old patients who get pneumonia be thought "as good as dead?" They *are* cured—many of them. Every alkalometrist knows this.—Ed.

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QUININE IN PNEUMONIA.

You ask me for something on pneumonia. Let me give you the following: Professor A. B. Palmer was for years dean of the Medical Department of the University of Michigan, and lecturer on the practice of medicine. He practised medicine in the pioneer days of Michigan when malaria was prevalent. He was a close observer and soon discovered that when one of his malaria patients contracted pneumonia that the quinine which he gave to overcome the malaria seemed also to quickly abort the pneumonia. Years of observation proved to his mind that this was so, and for years he strongly impressed this state-

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Bashkirtseff, Bichat, Godman, Laennec, Purcell, Sterling, Timrod, Artemus Ward, H. K. White, Thoreau, Spinoza. Tubercle!—Huber.

ment upon the minds of the medical students who listened to his lectures. Let me quote from his printed notes:

"When called to a patient with pneumonia within twelve to twenty-four hours of the chill, or at any time before any considerable exudation has occurred, I immediately give from 6 to 10 grains of quinine together with from 1-4 to 1-3 grain of morphine, which almost invariably, in a short time (from one-half to three hours) induces free perspiration and a reduction of temperature. I then repeat the quinine in doses of from 4 to 8 grains, in from two to three hours, and unless all pain and uneasiness is relieved, I add another dose of morphine in from four to six hours; but by all means continue the quinine in one of the last mentioned doses until from 30 to 50 and sometimes 60 grains are given. Sometimes 20 to 35 grains will be sufficient, given in three divided doses or, if preferred, somewhat smaller and more frequently repeated doses; but as the larger quantities are innocent and may be needed I prefer to give at least 30 and often as much as 40 grains in from twelve to twenty-four hours."

Professor Palmer goes on to say that there is a rapid decline in the severity of all the symptoms. This treatment is followed up with a mercurial and saline cathartic and in a large per cent of all cases the pneumonia disappears in from two to four days.

Permit me to say that I have followed the treatment for twenty years and it is not often that I see a case continuing over the time specified by Professor Palmer. I have seen my most violent cases aborted in from thirty-six to forty-eight hours.

Outside of some nausea or vomiting

The chief mode of communication of consumption is from the dried sputum of consumptives. No spit, no consumption.—Egan.

I have seen no injurious effects from the quinine. Professor Palmer recommended, and I have followed the advice, that even in cases in which solidification has occurred before seeing the case that the same treatment be carried out, as it will almost insure against a further spread of the inflammation.

To the above treatment I add a mustard plaster and a cotton-batten waist. I have also used, in a few cases, amorphous aconitine, as recommended by Dr. Waugh, and with apparent success; in fact I sometimes combine the treatments. When pneumonia reaches the last stages it is a dangerous disease and the doctor should shun no effort to put a stop to it in the first, or congestive stage, if possible. The life of the patient may depend upon it.

V. E. LAWRENCE.

Ottawa, Kan.

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Has anyone else tried the quinine treatment? We confess that it seems a little too vigorous to us. Quinine idiosyncrasies are by no means uncommon and the results often "nasty." Then, the alkalometric method is so pleasant and, what is better, so certain in its results, that we can see no good reason for a change. Possibly the good results in Dr. Lawrence's cases are due to the increased leucocytosis which quinine is said to produce.

We know that in cases of pneumonia in which the proportion of leucocytes is large the prognosis is usually good.—
Ed.

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A CASE OF PNEUMONIA JUGULATED IF NOT ABORTED.

Harry McG., thirteen years old, a pale, puny school boy, was taken with a

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severe chill on the evening of January 12, followed by fever and pain on the left side of the chest.

I was called the next morning, January 13th, and found the boy with a pulse of 120, temperature 103° F., respiration 30, and painful, and pain all over the lower left lung, extending over the abdomen on the same side; the latter pains I attributed to the terminal filaments of the lower intercostal nerves, as they spread over the abdomen. His cough was painful and there was some vomiting; crepitant and subcrepitant rales; some dulness on percussion extending up to the fourth rib.

I opened his bowels with broken doses of calomel, and exhibited granules of aconitine in doses suited to his age, every half to a whole hour, as the fever went up or down. I also applied a glycerinated paste, hot, to be repeated every twelve hours. No nourishment but milk was given.

January 14 the pulse was 108, respiration 32, temperature 102° F.; dulness had increased and he was spitting a viscid mucus mixed with blood. Pain over the chest was very severe, particularly on coughing; rales as before. The aconitine was continued.

January 15 the pulse was 85, respiration 26, temperature 100° F. He still had pain, but probably not quite so severe. He complained of being hungry and demanded something to eat early in the morning. Treatment was continued the same as before and a tablespoonful of "oil" given to open the bowels.

January 16, the pulse was 108, respiration 36, temperature 104.2° F. The patient was worse in every way, and upon inquiry I found that, inadvertently, they had allowed him to sit up the day

Send to Dr. J. A. Egan, Springfield, Ill., for pamphlet on the Cause and Prevention of Consumption; outdoor method.

Gilbert, *Clinical Excerpts*, advocates venesection for strychnine spasms, eclampsia, mania a potu, etc.

before. He was very restless, and delirious at times. Rales not so plain; dullness on percussion marked. I put the boy on defervescent comp., with strychnine, according to age, and gave medicine every half hour.

January 17, the pulse was 102, respiration 40, temperature 104.4° F. Painful cough and breathing and other symptoms about the same. Defervescent continued as before, adding emetine 1-67 grain ever hour. I ordered a good dose of saline laxative. Family and the doctor were both anxious.

January 18, the pulse was 100, respiration 48, temperature 104.6° F. This is in the morning. The patient was delirious; vomited milk curds. Local symptoms seem much the same. Defervescent mixture and emetine continued every half hour. Diet of predigested beef. I promised to visit the patient in the evening. Evening at eight p. m., the pulse was 76, temperature 101.3° F., respiration 30; patient resting. I put the patient on dosimetric trinity, emetine and zinc sulphocarbolates as intestinal antiseptic, as bowels were somewhat more markedly tympanitic. We have our reward from the treatment at last.

January 19, pulse 70, respiration 22 and painless, temperature 98.3° F. The lungs have cleared up and there is no local pain on pressure. Cough is not painful and expectoration is rather free and easy. Emetine was continued hourly and the dosimetric trinity given only every two hours. Calomel was given in broken doses, followed by seidlitz powder to clear the tongue. The boy wants to get up but is not permitted. He is practically well and this is but the seventh day.

Large gall-tones inserted in the gall-bladders of dogs disappeared within six to twelve months.—*Journ. Physiology.*

This, it will be admitted, was a fair picture of pneumonia, jugulated right here in the city of Chicago, where one year ago men declared in the Chicago Medical Society, that there was no effective treatment of pneumonia. They will catch on soon. I send in the report of this case at once, that others may be benefited by its lesson. Had this boy not sat up on the fourth day of the disease, the case would have been aborted. As it is we did good work with our little bullets.

ROBERT PETER.

Chicago, Ill.

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Now here is some of the evidence. The medical men who practise the alkaloidal way of treating pneumonia are not inclined to make the gloomy prognoses that characterize the do-nothing school of therapeutic nihilism. Of course, not every case of pneumonia will recover, but most of them will if they are treated in a modern way.—ED.

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COLD IN PNEUMONIA.

In the *Medical World*, Nov., 1904, page 481, we clip from an article by our Dr. Waugh:

The writer does not believe in cold applications for pneumonia. Why? Well, because cold seems to be so frequently associated with the genesis of this malady. The temperature of the domestic chicken is higher than that of man. Pasteur tried in vain to inoculate chickens with the pneumococcus until he placed the birds in a refrigerator and cooled their internal heat down to a point below that normal for man, when the inoculations took effect promptly. This ex-

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Typhoid Fever:—Clean out the bowels and keep them cleaned, and the cause can not multiply fast enough to kill.—Cobb, *So. Clinic.*

plains why so many are seized with pneumonia immediately after being chilled. Cold may be employed to reduce fever when it threatens death or serious injury, but not as a direct remedy for the disease. On the contrary, there is reason for regarding a safe fever as salubrious, as limiting the spread of the malady through the lungs. A few years ago this was "heresy;" but I fancy our Philistines are not so positive as to the superiority of cold applications as they were.

This will allow of our excerpting from a response to a query for information regarding the use of ice in pneumonia, made by our office in the *Medical Brief*, in 1899 if memory serves rightly.

Doctor Shaw, long since deceased, one of the "Old School Physicians" who practised in Philadelphia, and Louisville, Kentucky, was very successful in treating "lung fever." He taught: "Treat the fever of pneumonia as you treat any other fever." The system was to be brought thoroughly under the influence of relaxing expectorants, preferably a decoction of lobelia. When relaxation occurred, and manifestation of perspiration supervened, when the patient reacted, as Dr. Shaw said, in a person of the proper temperament, cold in the chest was indicated, and in some patients to the entire body (the wet sheet). The indication for the use of cold to the chest externally, was the reaction following the administration of febrile and expectorant remedies, in patients of the proper temperament. Persons of the nervous temperament who bear pain badly, would contraindicate cold to the chest; but individuals of a phlegmatic temperament with dull, sluggish dispositions of the animal

economy, would be proper subjects for its application.

F. SILSBY TRIPP.

Pleasant Hill, Ky.



A PNEUMONIA REPORT.

I act upon the suggestion of a CLINIC reader to report our "pneumonia cases" from the busy field of action. The following are taken as an average:

CASE I.—January 12, 1905. Called to see Solly D., male, age 14. Pulse 112 per minute. Temperature 103° F. Expectorating prune juice sputum, streaked with blood. History of a chill three days earlier. Diagnosis: catarrhal pneumonia of the right lung. Jan. 13, pulse 116; temperature 102.4° F.; cough better. Jan. 14, pulse 100; temperature 101.4° F. Jan. 15, pulse 74; temperature normal. Jan. 16, pulse 76; temperature normal. Discharged.

CASE II.—Catarrhal pneumonia. Jan. 13. Dale D., brother of Case I. I rode two miles on a mule at zero weather to see him. Jan. 14, pulse 140; temperature 101.4° F. Jan. 15, pulse 104; temperature 101.6° F. Jan. 16, pulse 116; temperature 103.4° F. Jan. 17, pulse 133; temperature 104° F. Jan. 18, pulse 112; temperature 101.4° F. Jan., 19, pulse 80; temperature normal.

CASE III. — Catarrhal pneumonia. Lewis N., male, age 10. At 11 p. m., Jan. 17, he came from a warm room downstairs to see his father who had just arrived from a trip. Jan. 18 at 10 a. m. his pulse was 160; temperature 104° F. Jan. 19, 10 a. m., pulse 124; temperature 102.4° F. Jan. 20, 10 a. m., pulse 120; temperature 102° F. Jan. 21, 10 a. m., pulse 105; temperature 102.4°



The profession tends to the small dose frequently repeated till the therapeutic effect is obtained.—Bryce, *Southern Clinic*,

Ups and Downs of a Virginia Doctor; full of humor, pleasantry and sound philosophy, says Prof. Ashby. Price \$1.00,

F. Jan. 22, 10 a. m., pulse 110; temperature 101.8°. F. Jan. 23, 10 a. m., pulse 100; temperature normal.

You will note that we have said nothing about respiration in these three cases. We have learned to pay our respects to the heart action and our aim is always to keep the pulse rate down to eighty beats per minute, or as low as possible; by that we mean below one hundred beats per minute. When using the trinity granule the strychnine takes care of the respiratory centers while the aconitine and digitalin reduce the pulse rate surely and safely. Numbers one and two are both weak, poorly nourished children, one sister having died from pulmonary tuberculosis, number two having had four pulmonary hemorrhages three years ago and in addition to his prune juice sputum on the 17th, or fourth day of his sickness, he expectorated blood all day, sometimes as much as a teaspoonful at a time. We gave the trinity (No. 1) one every fifteen minutes for four doses, one every half hour for four doses, one every hour for twelve doses, then one every two hours until January 19, when his pulse dropped to eighty per minute and his temperature to normal.

In number one the temperature and pulse were normal in five days' treatment; in number two the temperature and pulse were normal in six days' treatment; and in number three temperature and pulse were normal in six days' treatment.

In 1895 a mountaineer came to town and was taken sick. We were called and pronounced the disease pneumonia. We had just begun the study of active principles. Approaching the fellow with fear and trembling we prescribed defervescent

granules, one-sixth of one granule every two hours. His pulse ran the scale to 140; temperature 104° F. We laid aside the arms of precision and went back to our antipyretics. The fellow being robust and full-blooded, tugged along from April 18 to May 1, and finally passed the crisis. In spite of our medication he was sick fourteen days. Where has the crisis gone in the active-principle medication, when strictly adhered to?

Our treatment of cases one, two and three was trinity to effect; saline laxative every morning, intestinal antiseptic and calcium sulphide. Chest enveloped in cotton batten covered with cod liver-glycerin. The trinity granule is the one great combination of remedies in pneumonias of weak, debilitated patients. It surely tones up a weak heart, even in the presence of pneumonia. It would be sacrilegious to compare it to the great triune "Godhead," but where is the remedy discovered by mortal man that we may compare with this one? We have learned to approach the pneumonia patient with some assurance that we may be of benefit to him and in spite of the statement of the great Osler staring us in the face, that "Pneumonia is a self-limited disease."

We state most modestly that our loss from pneumonia in ten long years of hard country practice has been only two deaths. Well do we remember the first, when on March 9, 1896, a good old colored lady passed the crisis and then passed to the great beyond. The second fatal case was a young colored girl, seventeen years old—double pneumonia complicated with an abortion. She died February 26, 1902. We hope to live to



The *Critic and Guide* keeps "a hittin'" at the evil doers as it sees them; a heavy task.—*Southern Clinic*.

Give your prognosis on the best suppositions; treat your patient on the worst.—Clifford Albutt.

see the day when the death rate from uncomplicated pneumonia will be *nil*.

S. D. WETHERBY.

Middletown, Ky.

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Results talk! Here is one doctor who is not a nihilist in the treatment of pneumonia. And there are thousands of others.—Ed.



MORE PNEUMONIA TESTIMONY.

Once "ye editor" of the CLINIC wrote me that he always had a page for me when I chose to fill it, and that made me feel "wondrous kind" toward him and the CLINIC and "little acts of kindness" all along through the years have endeared the CLINIC and its makers to me, so when the editor asks us to report our cases of pneumonia I feel like acquiescing, but as I go along with my case I want to report on the other fellow's also; so please bear with me in patience and we will see what we get out of it.

Diagnosis: I knew when I saw it that it was lobar pneumonia. The case occurred in a little girl of thirteen who had had a chill twenty-four hours before I saw her. There was nausea and vomiting and muscular pains. When I first saw her she was expectorating a pretty tenacious mucus. Pulse was 120 and it rapidly rose to 150; temperature 102° F.; rusty sputum; respiration as high as fifty per minute. The pulse remained very high, 120 to 130, even after defervescence. On the morning of the fifth day the temperature was normal; pulse 120; respiration 40. The sixth day she was normal in every respect and convalescent—wonderful improvement. The treatment was: Calomel, aconitine, digitalin, veratrine. I changed to aconitine,



In the therapeutic use of glonoin one must be guided by the response of the individual patient.—Solis-Cohen.

strychnine and digitalin with intestinal antiseptics, and a little brandy—with no faith in the brandy.

Now, brethren, I want to discuss treatment at some length. I believe that many a disease is curable if we can only find the remedy, and it is our duty to search for these panaceas. That is my "creed," but "there are others" who do not subscribe to this "credo" among whom the chiefest are, first Osler, who says: "Pneumonia is a self-limited disease and runs its course uninfluenced in any way by medicine. It can neither be aborted nor cut short by any known means at our command. Even under the most favorable circumstances it will terminate absolutely and naturally, without a dose of medicine having been administered.—We have no specific for pneumonia.—Patients are more often damaged than helped by pneumonia drugging." "Ef I had the numony" I'd not send for Dr. Osler, nor anybody who believes like him, but "jes' get well"—or die—in the most inexpensive way possible.

Dr. Bartholow treats heroically or rather muchly, from bleeding up to the brandy point, to brandying down to the bleeding point. In cases accompanied by depression (page 395) he gives repeated doses of tr. aconite. We suppose that if a patient is depressed he depresses him more on the principle that "the hair of the dog is good for his bite." He avoids opium and morphine and blisters when a fellow is convalescent. He believes in calomel, in which he is probably correct.

The elder Flint called it pneumonitis and wrote of it entertainingly, and listen to the alkalometry there is in him: "The question whether the disease may be arrested (aborted) relates to the first stage." So say we all. A little further

Evil is the shadow thrown by the sunlight of good. Good is positive, absolute; evil negative, relative.—Woods Hutchinson.

on he says: Admitting that they (the abortive remedies) sometimes succeed." His faith is not very strong—in his abortive remedies, such as blood letting, cathartics, etc. No wonder! He believes in aconite, veratrum and opium, salines and so on, and, by the way, I believe that quite a proportion of his patients would recover without a dose of medicine being given (Osler's plan).

Dr. Roberts, an English physician and quite a systematic writer, gives opiates for the relief of pain, but is afraid of them. Quinine, expectorants, etc., he also uses, but repudiates the use of alcohol, except in low forms of the disease, where brandy should be used freely.

Loomis says that a large proportion of cases will recover without treatment, yet well-directed therapeutics will save lives, etc. Venesection is repudiated; "veratrum viride, aconite, antimony, calomel and all so-called heart sedatives add a new load to an already overburdened heart." He makes the full influence of opium his sheet anchor. Alcohol judiciously used is a most efficient means for combatting heart failure, but its indiscriminate use is more dangerous than indiscriminate bleeding.

More of the boys might be called to the witness stand but they are such a "disagreeable" set that we will let them "stand aside" for witnesses who have really found out what's the matter and how to manage it. Probably the first list of gentlemen are like the blind men's description of the elephant. Each spoke of the part he had hold of. They write from their own view point. To illustrate this we want to quote from the textbook of Alkaloidal Therapeutics (W-A): "Increase of blood in the pul-

monary capillaries means increase in their caliber, and this means that the vaso-constrictors are paretic and lack tone. As this state is not universal there must be too little in other parts of the circulatory system, hence the caliber of some of the vessels must be lessened and the vasoconstrictors must be in a spastic state. Now strychnine is the remedy for the first condition and aconitine and veratrine for the second. Together they will restore the equilibrium to the circulation. So one set of practitioners sought to control conditions one way and another set sought to control another way and each was right from his viewpoint. Why not do both things at once by giving both remedies at once?" We can and that is the way to do.

M. G. PRICE.

Mosheim, Tenn.



TO UNITE A WOUND WITHOUT PAIN OR ANESTHETICS.

To unite a wound without pain or anesthetics has been my study for many years. The horror of chloroform and the thought of stitching a wound are agonizing to the patient's relatives, to say the least, even before the surgeon arrives; and the fear is usually intensified upon his appearance. I have seen patients quickly turn pale as soon as I entered the room.

I have met a mother at the door who could scarcely talk from the effort to "swallow the heart," after which she would turn deathly pale and in a frozen voice say: "Doctor, will you have to use chloroform?" To be able to answer the question with the positive, "No, Madam," and to add that there will be no pain or suffering but a perfect union



The Gnostics explained the existence of evil by considering it inherent in matter, eternal, uncreated,

The shotgun prescription has no place in modern medicine; only 50 in 2,000 in Philadelphia contained six or more ingredients.

without stitching has ever been my most acute desire.

When I see some members of the family pass around my back and quickly leave the room, the father nervous and the mother ice cold, I have often thought they must consider the surgeon, upon such an occasion, a most "horrid" man. To alleviate this dread I have worked out the following plan. And now I meet the mother's smiling face and the father's welcome and fairly "butt heads" with the whole family, who want to see the painless procedure go on without chloroform or any local or general anesthetic.

First, I use number 20 common spool cotton thread, well waxed, and a common blunt-pointed saddler's needle, and ordinary surgeon's adhesive plaster.

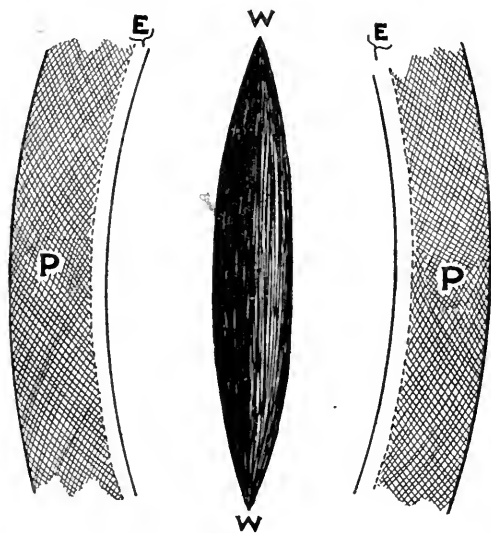


FIG. 1. Adhesive Plaster (P) applied on either side of the wound. (W.)

Applied ready to introduce the thread, you can see from the accompanying cut that the plaster is the same distance throughout from the retracted edge of the skin. The selvage edge of this plas-

ter is turned toward the wound on both sides.

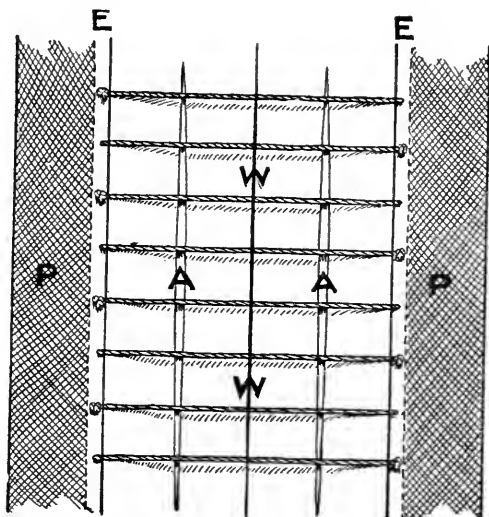


FIG. 2. Edges of wound approximated. Sutures pass through selvage (E) and elevated by toothpicks (A). Wound at W.

P. P. is the adhesive plaster. E. E. is the selvage edge upon which there is no adhesive plaster and through which the thread is passed. The black dots are where the knots are tied; they can be tied all on one side, but generally I tie first on one side and then on the other. W. W. is the wound after being closed. A. A. represents a toothpick slipped under the thread (on each side) for the splint.

Now with a small silver probe or another toothpick, work the skin to and from the wound under the splint until the skin is perfectly and gently coaptated, after which dust it with an aseptic powder (not antiseptic); aseptic talcum powder has served me best. Use no bandage, but throw a loose cloth over it and upon your return next day blow or fan away all the superfluous powder and leave it alone; in a very short time you



The more educated the physician, the greater his tendency to simple, instead of complex prescriptions.—Thrush, *Pharm. Era*.

Good and evil are names that signify our appetites and aversions.

—Hobbes.

will have a good union, often without a cicatrix.

I nearly always cleanse a wound with equal parts of listerine and distilled water and always before applying any dressing. Nothing should touch the wound except the dusting powder. The thread is raised off the wound by the splints which should be of sufficient thickness to press gently but firmly on the skin and rest about one-half inch from the wound. On the third day the splint would be turned half over, and turned from the wound; in the movement you press the skin toward the wound.

If your wound sags in the center it is because there is a cavity beneath the skin, that is, the deeper part of the wound is not coaptated. To prevent this we must have pressure by the adhesive strips sufficient to bring the wound up level, *not to pout*, but approximately in the condition before the wound was produced.

I use No. 8 thread for pressure, in cut No. 3, E. E.

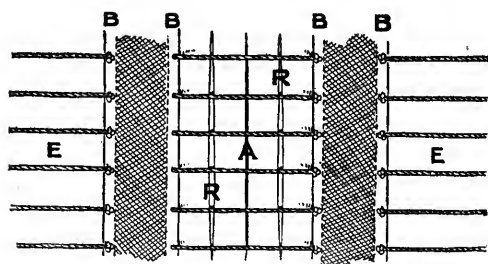


FIG. 3. To bring together deep parts by pressure sutures (E). Sutures elevated by pieces of rubber catheter (R).

A, wound after being closed. R. R., splint which is a piece of rubber catheter slipped under the thread. P. P., adhesive plaster; B. B., selvaige edges of the plaster. E. E., thread fastened to outer edges of the plaster and tightened for

pressure. If the wound is longitudinal upon a limb or trunk, go around; slip a little cloth or napkin under your thread and get the pressure necessary. If the wound is transversely across the limb make your adhesive strips longer and go around the limb with them, using broader adhesive plaster, and then approximate the skin as described above, with

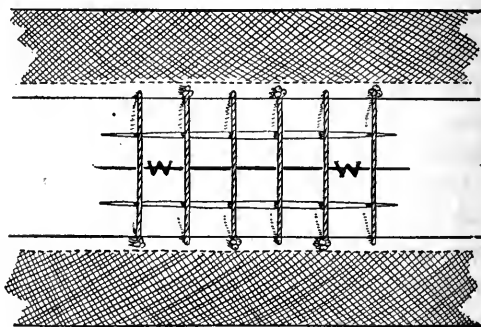


FIG. 4. Method of approximating deep parts when cut is transverse.

cloth under it, from A, around back to B, except possibly one inch or so on the opposite side to the wound, to hold it more stationary.

A lacerated, tortuous wound is easily united by the above method by using a flexible rubber splint, after you have your wound clean and aseptic, united with proper pressure, if any is needed, and have dusted it with aseptic powder. Now brush over the adhesive plaster with collodion and it will remain firm and non-flexible.

Of course there are wounds that this method will not apply to. By this method you cannot unite a lacerated perineum, a split ear or an incision through the abdominal wall. But all wounds that have a solid floor, that have been stitched



Pain is the great danger-signal of nature, the spark struck from the clash of the organism against its environment.—Hutchinson.

Pain, or the dread of it, has been and yet is, an extraordinary, a most powerful and constant stimulus to progress.—Hutchinson.

in the past, may be united in this manner to the entire satisfaction of both surgeon and patient.

To pass adhesive plaster across a wound is bad surgery, to say the least. It will not heal readily directly under the plaster and furthermore, you cannot so perfectly approximate the skin even between the strips. If the wound is oblique your own brain will teach you that other adhesive plaster must be added to get your pull in the right direction. The skin will heal more readily when exposed to the air than under any other circumstances because it is left in its natural sphere. When the air is excluded from the skin it is abnormal and the application is a foreign body and prevents healing of the skin. A dry, aseptic powder sprinkled upon the skin does not exclude the air but upon the second day all superfluous powder should be blown away and you have no stitch abscess and no stitches to remove on the fifth day.

W. J. CONLEY.

Coalgate, I. T.

—:o:—

There are some good hints here. While we agree, in the main, with Dr. Conley's method, there are, of course, some conditions under which its use would not be advisable. Whenever there is likely to be much muscular retraction, it will be necessary to bring the cut ends together with sutures. But for a horde of minor cuts, especially when they are on the face, the suggestions are admirable. By careful attention to secure perfect coaptation, scars are far less likely to be apparent than after stitching—as we know from personal experience. We should, however, advise a gauze protective to every

wound. This admits the air freely and prevents external infection.—ED.



LOCOMOTOR ATAXIA—SOME CORRESPONDENCE.

Readers of the CLINIC will recall the excellent articles upon this subject which have appeared in our columns during the last few months, and the "meaty" comments of Dr. Ephraim Cutter especially. In this connection we are sure every one will be glad to read the personal correspondence which follows—which Dr. Cutter has kindly furnished:

Dear Dr. Cutter:

I have read your article in THE ALKALOIDAL CLINIC with considerable interest, inasmuch as I have had under my care for over two years a patient afflicted with locomotor ataxia.

It may be that you are right in thinking it caused by faulty nutrition, but the idea is a new one to me. Of course, we know that the lesion is, as you say, a thickening of the nerve-sheaths which pinches the nerves. Does this pinching for a long time destroy the vitality of the nerve cells? If it does, and so we are taught, then the removal of this thickening will not restore our patient to health. Lack of nutrition will cause a wasting of the particular tissue that is not nurtured by its proper elements, but why a thickening of fibrous tissue surrounding a portion of the spinal cord or other nerve tissues? I am not entirely convinced.

Let me tell you a little about my patient. He is about 42 years old; has been troubled with the disease about ten years; has been under all sorts of treatment, regular, homeopathic, osteopathic, and many quacks, who have fasted him almost to utter starvation, and exercised him by walking and running, eight to fifteen miles daily, all to no avail. He is growing gradually worse. When I met him—now nearly three years ago—his eyesight was nearly gone and he could not



If necessity be the mother of invention, then pain is the father of scientific discovery.
—Woods Hutchinson.

We do not desire things because we believe them good, but we hold them good because we instinctively desire them.—Pestalozzi.

walk without assistance. He was utterly discouraged and talked of suicide, as he had done everything that seemed to offer any chance of recovery, having taken barrels of iodide of potash and many other things, and the result is almost helplessness, leaving him a burden to himself and family, with no prospect of ever being any better.

I could not honestly give him any encouragement, but just at that time I received some circulars of the Roberts-Hawley lymph treatment and told him of it. The testimonials seemed convincing and he was persuaded to try it.

In my examination I found him very much emaciated, skin harsh and dry, pulse 112, temperature about normal; lightning pains frequent and painful almost beyond endurance; sphincters paralyzed—voided urine and feces involuntarily,—soles of feet without sensation, able to see objects passing in a good light. Was then on a treatment of a blood and nerve food, which he thought had done him some good. I started with five minims of the lymph compound hypodermically twice daily, gradually increasing the dose until fifteen minims were taken twice daily. His appetite soon began to improve and pains grew less; he became hopeful and cheerful, instead of morose and sullen. In three months the sphincters became normal and he was growing slick and fat. No improvement in eyesight. Areas of anesthesia grew less and coördination improved so he could walk fairly well by feeling his way. Improvement continued more slowly for about a year, when there seemed no further improvement. I resorted to electricity, cold baths, etc., but it did no good.

Today he has no pains, can move about the house by feeling his way. He is totally blind but has gone into business as a builder of elevators. (He is a civil engineer and was employed by an elevator concern before he became incapacitated by his illness.) His mind is clear and he can dictate all the minute details in the construction of elevators.

Evidently the lymph treatment arrested the disease and benefited him very much, just how, whether from improved nutrition, removing some of the fibrous tissue or restoring vitality to some of the weakened nerve cells, no one perhaps will ever know. My idea is that the seat of the disease is in the medulla affecting the thalamus opticus which would give rise to all the symptoms manifested. How to remove it from there is a problem to which I have given much study and thought, but so far there seems to be no solution.

He has always been rather a heavy meat-eater; is of a nervous temperament and has had much worry and financial loss, to which I have attributed his disease. I may be wrong. For a few years he has had poor teeth, has been unable to masticate well, and has lived largely on whole wheat, corn-mush, fruit, etc. Meats also, but this he has had ground fine for him.

Now what do you think of my case? Will a lean beef diet help him any? I would be glad to have your opinion in regard to it and if I can be of any service to you I will be happy to serve you.

J. P. STRIEBY.

Swarthmore, Pa.

Dear Dr. Strieby:

Yours of the 23rd inst. received. Thanks for your interest and the interesting case you describe. As a tree is known by its fruits so does locomotor ataxia point to malnutrition.

The lesions you name: (a) thickening of the nerve sheaths; (b) pinching of the nerve by the endogenous thickening; (c) the weakening of the pinched cells; (d) the (as taught) destruction of the vitality of said nerve cells, are to my teacher and me all diseases of nutrition.

The first (a) compares with uterine fibroids some of which have been cured by nutrition treatment; (b) is self evident; (c) is due to the cutting off of vascular nutrition supplies; (d) if nerve cells are well fed it is hard to kill them.



The healthy man doesn't know he has such a thing as a stomach; the dyspeptic doesn't know he has anything else.—Hutchinson.

Reward is reaped from the thorny barrens of discomfort by determined effort and not by tame and pulpy submission.—Hutchinson.

[We are not discussing mechanical pressure and traumatic cases.]

You say that removing this peripheral fibrous thickening does not restore our patient to health (didactic thought). As to said case I cannot say, as I have not tried to treat it, but I have had locomotor ataxia cases where the treatment that has removed it has restored them to health. Not in controversy, let me say as to your doubt concerning this restoration from the removal of said fibroid thickening, that metabolism is going on all over the body in life, that *natura naturans* is trying to heal all the time, that the removal of the sheath thickening acts as if said nerve was tied with a string and then untied, that if the pinched nerve was destroyed it would be likely to be necrosed, sphacelated, gangrenous as in senile gangrene from embolism, that when said nerve pressure is removed the circulation of blood, metabolism, osmosis, nerve currents, galvanism (may be) would be restored, and if the patient is properly fed nature will replace the injured nerve substances in the normal substance just as nature restored my thumb nail when I hit it a whack at the root. [An ecchymotic circle half an inch in diameter formed under the depression of the thumb nail. Of course this depression had an elevation of the proximal end of the nail. I was much interested to see how *natura naturans* has been gradually pushing forward depression and elevation, healing and leaving behind a nice smooth nail as if made by the finest workman. The depression has now got to the end of the nail bed. I wondered how the free edge of the nail would come out. It came out all right.]

Now *natura naturans* exercises the same care in healing in the deep tissues as in the superficial and will repair, unless the parts are dead and the means of repair (good nutrition) are not supplied. Indeed, nature does more wonderful repair work with nerves than with any other tissues. Who ever saw skin separated one inch in a wound, or of bone separated one inch, or of muscle sepa-

rated one inch, united by healing with sound skin, bone or muscle? And yet in the extirpation of the facial nerve for neuralgia it is said that often not enough of the nerve is removed to keep it from reforming. If one inch of nerve removed is the same as destroyed and yet nature reproduces it, why might not a portion of nerve destroyed by pressure of fibrous sheath be restored when said pressure was removed? One writer has said that the nervous system will remain intact and last longer in some wasting diseases than any other tissue of the body. If this is so, ought all subjects of locomotor ataxia be given up as incurable?

Another bond of locomotor ataxia with nutrition is, that if you would live solely on oatmeal and water or coffee or tea for two weeks, (taking the experience of those who have done this) you would have an acute locomotor ataxia. So of an exclusive diet of baked beans, water or coffee or tea for the same time. Drunkenness is an acute locomotor ataxia. Also your case, you said improved on lymph so that the sphincter and muscles regained their normal power that was lost. Lymph is a food that affects nutrition.

As to his blindness—what are the ophthalmoscopic lesions? If there are none, I agree as to your idea that the thalamus opticus was at fault.

You ask will a broiled lean beef diet help him any? Answer: You do not state the condition of his urine and his blood. I have not seen a case of locomotor ataxia where the blood and urine were normal in morphology. If your case, like mine, has abnormal blood and urine, the said beef diet properly carried out will restore normal blood and urine, as a rule with some exceptions. This will help him by having the blood, glands and alimentary canal, with the abdominal viscera in good working order; by having leaks of force stopped; by furnishing a maximum of nutrition force with a minimum of expenditure of vital force in assimilation; by thus furnishing a



Our appetites, impulses and instincts are the exquisite fruits of myriads of ancestral generations.—Woods Hutchinson.

The grand old Greek "joy of living" comes back in broader, manlier, more enduring form.—Hutchinson, Gospel according to Darwin.

metabolism that will remove both normal and abnormal tissue and replace them with normal tissues.

It takes time. The patient needs urinoscopy two or three times a week, and hematoscopy less often, to see to it that both are kept normal. It is well also to study the morphology of the feces in order to know what is the state of the alimentary tract. This watch is because there is more devolution than evolution. If not then we could not be physicians.

All vital forces should be husbanded and *natura naturans* given the best chance to cure. The greatest physician could not cure all in Nazareth because of unbelief. Usually the natural history of the treatment teaches the patient the truth of the principles laid down.

EPHRAIM CUTTER.

West Falmouth, Mass.

—:o:—

Locomotor ataxia is a field that has not been studied as it deserves. We are not prepared to accept the dictum too often laid down that it is incurable, while we must admit that far too many cases continue to progress—uncured. Both of these letters contain abundant food for thought and offer bases for investigation. May we hope that others will take up this study and help toward the solution of the problem?—ED.

~ ~ ~

LOCOMOTOR ATAXIA.

Have just read the articles on Locomotor Ataxia on pages 1053-1057 of October CLINIC, and fully sympathize with the sufferers. I have had beneficial results from the continued use of thiosinamin in cases with cicatricial tissue requiring absorption, and why would it not be of benefit in the sclerotic nerve tissue cases?

I would be pleased to have you get R. D., page 1056, to give thiosinamin a

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The glorious ecstasy of taking our lives between our teeth, and looking danger and death in the face.—Woods Hutchinson.

trial for a few months along with his lecithin. I have no cases on hand, so no chance to try it. Also would be glad to know the result of the trial if he decides to try it.

W. H. PHILIP.

Arthur, Ont.

—:o:—

We are glad to submit to the readers of the CLINIC this suggestion—that thiosinamin may be used in locomotor ataxia with a view to stimulating the absorption of cicatricial tissue.—ED.

~ ~ ~

DRUGS AND THE KIDNEYS.

No more vital question comes before the practitioner today than the relation of therapeutic agents to the kidneys. Have we any diuretics? How do they act? What drugs irritate the kidneys? Should they be used in disease of these organs? The doses? What drugs ordinarily innocent become dangerous when the kidneys are diseased? These are a few of the questions that arise before the practitioner who has progressed through the stage of pure empiricism, and seeks to guide his steps by the light of knowledge.

Some of these problems were treated by Sollmann in a suggestive paper delivered to the section of Pharmacology at the Atlantic City meeting, and published in the *Association Journal*.

The kidneys must do their work, sick or well, if life is to continue. Does disease contraindicate irritation? To acknowledge this would be to exclude all stimulants from the materia medica. Even if it still further impaired the kidney tissue, the stimulation might be imperative. The true danger lies in the retention of toxic matters in the blood rather than directly in the injury to the

All is finite in the present; and even that finite is infinite in its velocity of flight towards death.—*De Quincey, Suspiria de Profundis*.

renal structures. We must often transgress the rule of resting an ailing organ because the necessity impels us to choose the lesser evil. Otherwise all diuretics are contraindicated.

Another aspect of the case is the danger from ordinarily harmless drugs when the renal tissues are seriously impaired. Potassium and digitalis become perilous agents then; a grain of calomel or an eighth of morphine may destroy life. Or, drugs harmless to healthy kidneys may irritate inflamed ones. When we seek the replies to these and many similar questions we are painfully impressed with the paucity of truly scientific information available. Even of our most used drugs the investigation has been but imperfect and partial.

That some drugs cause nephritis, and the lesions corresponding, we are fairly well informed. All the nephritis-inducing toxics cause the appearance in the urine of proteids, casts, renal epithelium and frequently leucocytes, sometimes blood, hemoglobin and its derivatives. The bulk of the urine is increased by small doses, decreased by large, and that is about all.

Richter and Roth showed that glomerular nephritis, caused by cantharidin, greatly reduces the bulk of the urine, restrains the diuresis of fluids, salines, caffeine and phloridzin, the molecular concentration of the blood increasing; while toxics acting on the tubular epithelium have less effect. Further experimental investigations are badly needed. The effects of therapeutic doses on metabolism, and on the excretion of the urinary elements, in health and in the various forms of nephritis, and the modifications of the disease processes induced, should be determined by such experiment and

not assumed *a priori*. The results of observations of animals should be corrected by clinical tests on man, in health and in each form of nephritis.

The work done already is small. Emerson showed that the administration of water or of diuretin in acute and chronic nephritis does not increase the percentage of proteid, but may lessen it; also showed the value of rest in bed, and a milk diet. Sollmann showed in a case of "physiologic" albuminuria that therapeutic doses of potassium acetate 11.7 grains, nitrate 4, caffeine 0.6, urea 2.1, tr. digitalis 1 cc., glonoin 0.0033 and 0.0039, strychnine 0.0065, and water, had no uniform effect. Potassium acetate in doses of 31 grains caused free diuresis and lessened the percentage of proteid but did not alter the daily output. Kovesi and Roth-Schulz state that water in health increases the flow of urine and lessens its molecular concentration; but not in either acute or chronic nephritis, the divergence being so much less in contracted kidney that they propose this as a diagnostic test. Sollmann also found that diseased kidneys can not secrete urine with a molecular concentration much higher than that of the blood, especially if the tubular epithelium is involved. Mohr and Dapper found that limiting the water ingested to 1½ liters a day reduced nephritic edema, the nitrogen and phosphate excretion being unchanged; but a closer restriction of water lessened the excretion as well as the edema. In chronic contracted kidney the reduction of water usually increases the albuminuria temporarily. Mohr and von Koziczkowski found that some nephritics retained the chlorides, others did not.

Castaigne and Rathery cite cases



Dosimetry imposes itself upon the physician as a duty, said Prof. Laura. Dosimetry should be made compulsory, said Burggraevé.

By night with their spotted rain-clouds and lightning spears the Maruts rouse those whose ire is like the ire of serpents.—*Vedic Hymn.*

where the use of sodium chloride caused albuminuria, and others in which it followed their disuse. This pretty nearly comprises our information on these topics.

The renal structures are especially liable to injury by toxics ingested, as the tissues are exceedingly delicate and vulnerable, and the poisons are in excretion brought in contact with the renal cells while in concentration. A nephritic poison must be irritant, absorbable, and capable of injuring the kidney in doses too small to kill in other ways. The nephritis may be due to the breaking down of blood, etc., rather than to a direct action of the poison. Toxics that affect the tubular epithelium primarily and the stroma secondarily are, the metals, aloin, coal tars, alcohol, anesthetics, and oxalates. Those affecting the glomeruli first and the tubes only in large dose are cantharidin and arsenic. The essential oils are general irritants. Special conditions render irritant caffeine, neutral alkaline salts. Poisons destroying the blood and chronic poisons affect the kidneys secondarily, such as morphine and alcohol habitually taken.

All metals studied cause nephritis when absorbed in sufficient quantity, as has been observed with aluminum, antimony, arsenic, beryllium, bismuth, cadmium, cerium, chromium, cobalt, copper, lead, manganese, mercury, nickel, phosphorus, platinum, silver, tungsten, uranium and zinc. The anatomic and functional effects of all metals are alike. The tubular epithelium shows cloudy swelling, the nuclei disintegrate and the staining is impaired, and fatty degeneration may ensue. After excessive doses or long taking the connective shows round-cell infiltration, cirrhosis, etc.

Small doses increase the urine somewhat; large enough totally suppress it; albumin, blood, leucocytes, renal cells and casts are present.

Arsenic causes a specific paralysis of the capillaries, most pronounced in the glomeruli; the tubular epithelium is affected but not that of the straight tubes; albuminuria appeared within ten minutes after the hypodermic injection of 10 milligrams per kilo.

Phosphorus causes fatty degeneration in the kidney as elsewhere.

Langhans said that bismuth acted like cantharidin, small doses causing severe glomerular nephritis with little implication of the tubular epithelium; the stroma affected early.

Chronic acid salts cause pure tubular nephritis, confined to the convoluted tubes; the urine albuminous, scanty, containing many casts, even blood. Very small doses cause slight diuresis in rabbits (Ruschhaupt). Chronic poisoning ends in interstitial nephritis.

Though no reports are extant as to nephritis due to iron, Tyson warns against excessive doses in chronic cases.

Large doses of mercury cause occlusion of the renal tubules by lime. This metal causes the same effects as other metals. Jendrassik revived the use of calomel as a diuretic in cardiac dropsy, finding it increased the urine to 8 liters a day, the urea and chlorides greatly, when given in doses of 0.2—three grains—four or five times a day until ptyalism began. It was not uniformly useful in ascites, not at all in serous effusions, uncertain in renal dropsies. In chronic parenchymatous nephritis with alarming decrease of urine Wood found calomel one of the most efficient of diuretics. Cohn said it caused ptyalism with un-



The more acute a gonorrhoea, the more essential is the injection of zinc chloride solution.—Jonathan Hutchinson.

The long-continued use of arsenic, external or internal, increases the tissue proclivity to all forms of new growth.—Hutchinson.

usual speed, and often increased the nephritis; but the weight of evidence is against this. Calomel in medicinal doses has never caused albuminuria in normal persons; but the effect on a preëxistent nephritis is not yet settled. The diuretic effect of calomel is due to the mercury, probably a secondary result of the stimulation of the absorbents. But Cohnstein showed that when calomel in hyposulphite solution was injected hypodermically moderate diuresis occurred, but not if the animals had been profoundly chloralized. He concluded that the diuresis was due to vasomotor action originating in the medulla. Vejux-Tyrode and Nelson attributed this result to the hyposulphite. They used the caseinate of mercury, and found a slight diuresis occurred but only occasionally from intravenous injections, more frequently from subcutaneous use; and deep anesthesia did not affect the results. They concluded that the mechanism of the calomel action was as yet inexplicable.

Probably all coal tars cause nephritis. Small doses cause diuresis with no albuminuria; excessive doses cause the latter. The urine then becomes scanty, with casts, blood, hemoglobin, or methemoglobin. The tubular epithelium degenerates. In chronic poisoning interstitial change occurs.

All volatile oils irritate the dialysing membrane, causing pelvic hyperemia. All are for this reason diuretic; larger doses causing scanty albuminous urine. The ecboic oils also cause hemorrhage.

Digitalis, strophanthus and squill in ordinary doses cause diuresis, more marked in heart diseases; the principal effect being an increase of chlorides and water (LeNoir and Camus); the effect commencing on the day after the drug

is begun and persisting some time. Overdoses cause albuminuria and hematuria. Glomerular irritation has been charged but not proved. The effects are mainly due to circulatory changes, the diuresis to the increased tension in the renal vessels, and the absorption of effused serum; the oliguria from overdoses to too great contraction of the vessels. Ordinary doses have not been proved irritant in nephritis.

Cantharidin is a most powerful and selective renal irritant. Even moderate cantharidin nephritis prevents the compensation of a single kidney, lessens excretion of organic metabolites, raises the molecular concentration of the blood (Richter and Roth). It completely prevents caffeine and phloridzin diuresis (Hellin and Spiro). It is always contraindicated in renal disease. Small doses enormously dilate the glomeruli, leucocytes multiply in Bowman's capsule, the urine shows albumin half an hour after a hypodermic; minute doses increase the urine, larger doses lessen it; the tubular epithelium is affected only by large doses and as a late symptom; there is no interstitial change in acute forms, very little in subacute poisoning.

Aloin, Cushny says, does not irritate the kidneys; but in rabbits Mueret found degeneration of the tubular epithelium. The urine is increased or diminished, and contains proteids, leucocytes, casts, crystals and blood.

Phloridzin is used as a diagnostic test of renal sufficiency. The quantity of sugar eliminated after injection of phloridzin, the time the sugar first appears and the period during which it is discharged, may be taken to indicate the number and activity of the renal epithelial cells present (Croftan). Besides in-



Certain other mineral drugs may share with arsenic as tending to increase the liability to cancer.—Jonathan Hutchinson.

Extracts of the infundibular part of the pituitary cause rapid, strong contraction of the ventricles.—Herring.

ducing glycosuria phloridzin is diuretic. Nothing is known as to its action in nephritics.

Santonin and male fern cause parenchymatous nephritis; the former hematuria.

Data regarding the cathartics is scanty and inconclusive. The resins sometimes cause nephritis; of emodin drugs—rhubarb, senna, cascara—even of croton oil there are no reports.

Alcohol rarely causes acute albuminuria in normal persons; moderate doses are injurious to nephritics; fatty degeneration of the kidney is caused by chronic alcoholism.

Overdoses of chloroform or ether cause acute parenchymatous nephritis; even small doses are bad for preëxistent nephritis; scientific investigation is still wanting. Chronic chloroform use produces lesions similar to those of alcohol. Other anesthetics, with chloral, urethane, hedonal, are supposed to act similarly. Sulfonal especially causes nephritis with epithelial necrosis. Iodoform causes albuminuria and hematuria, even when applied locally.

Urotropin also changes the tubular epithelium, the urine containing serum proteids and blood cells. Probably formaldehyde does the same.

Most alkaloids are too slightly irritant and used in too small doses to irritate the kidneys. Drug-habit albuminurias come late as secondary phenomena. Veratrine might be suspected but there are no data. Large doses of quinine have been followed by hematuria and persistent albuminuria. A dose of four grains was followed by hematuria (Waugh).

The caffeine group stimulate the renal parenchyma without irritating it, the

action being exerted on the convoluted tubes and not on the circulation. Pouchet and Chevalier affirm that theocin in large doses injures the epithelium of the convoluted tubes and the parenchyma but this has not been confirmed. Caffeine increases the water and the solids, especially the urea; the percentage of albumin is not increased; it is indicated to raise deficient excretion in nephritis, but does not act if the tubular epithelium is greatly impaired, or if administered continuously.

Sodium and potassium chloride and acetate, glucose and urea, cause diuresis, increasing absolutely the metabolites and salts while lessening their concentration in the urine. Free water-drinking exerts similar action. This effect is probably due to the dilution of the blood; its increased bulk changed molecular concentration and the different resorbabilities of the various ions. Vital stimulation plays a subordinate role, and irritation does not occur. The claim that deprivation of chlorides causes disappearance of nephritis edema requires further study. It may lead indirectly to the absorption of effusions that can not exist without salt. But the salt may have an irritant effect. These diuretics may be extremely useful by removing metabolic poisons. Toxics like lithium and potassium should not be given in nephritis, so the choice is limited to sodium chloride and acetate.

Among ions having specific actions are: nitrates, supposed to be diuretic from irritation, without sufficient proof; the acids are positively deleterious, causing albuminuria and hematuria; chlorates, strongly irritant, the urine showing casts, hemoglobin and methemoglobin; oxalates, which form insoluble crystals that block up the cortical tubes,



Pituitary extracts stimulate the vasoconstrictors, contracting peripheral arterioles; antagonized by apocodeine.—Herring.

Hay Fever:—Fulton sprays the nares with quinine sulphate saturated solution and applies to 1-to-16 vaselin ointment.

directly irritate the epithelium, cause vacuolar degeneration of the convoluted tubes, the urine lessening and showing a little proteid, renal epithelium and casts, with the crystals, nephritis after very large doses; fluorides which have been too little studied. MacCallum showed that the injection of calcium salts interfered with the secretion of urine, but it is doubtful if this ion can be sufficiently absorbed from the alimentary canal to do this.

The foregoing is a concentration of this admirable paper, which might with advantage be pasted into the work on Therapeutics to which each physician refers in his daily practice. A good beginning.

W. F. WAUGH.

Chicago, Ill.



A SKINNED SHIN AND A MALARIAL MELANGE.

I have been reading the W-A Alkaloidal Therapeutics with the same lively interest that I would feel in the most interesting novel, and find little time and less inclination to lay it down to eat. I feel now "well armed" with this, Shaller's Guide, and the Digest. My armamentarium of "specifics" in granules has grown from the 9-vial case to two 9-vial cases; then there was an addition of a 24-vial case and now I need another 24-vial case, or a "double 24."

I "skinned my shin" over an old sore that healed after a long time when much younger than now, and as a result the abrasion in the old scar has left me with a case of erysipelas of the vilest sort, putting me *hors de combat* for two weeks, and I write you now with the writing material in my lap. Now if you have any specifics, here is the place for

you to make your "nine stroke." You have heard of "a friend in need." "I'm he;" if you will be "the other man," come on with your rat killing!

Doctor, in fifty years' experience in the malarial, dirty Yazoo Delta, along the "river of Death," where, before the negro plantations were devastated, each year necessitated the buying of fifty to one hundred negroes for plantation work (like buying so many head of mules), I have noted much written about the malarial fevers of the South; written by many that never saw a case of pernicious fever. Allow me to put a bug in your ear; the same fever bug that makes hematuria, also makes pernicious fever. We have congestion of the brain, the stomach, lungs, bowels; why not of the kidneys? Also hemorrhages from all these organs; why not hemorrhages from the kidneys? Now, in my experience, covering quite fifty years in the Delta, where we knew nothing of hematuria and treated all cases as congestion or pernicious fever or congestive chills, we lost none except when we neglected or failed to get in the *quantum suf.* of quinine and calomel—the main and sheet anchors. When we got to treating more scientifically we simply spoiled all. My graveyard is less than any doctor that has practised here for ten years, and I will pit the whole forty years here against them.

Now we have three types of hematuria, an intermittent, a remittent and a continued and usually fatal. The intermittent is seldom fatal, except in neglected cases. The old proverb says: "Three congestive chills would kill the devil or any other man," but sometimes they don't. The continued cases seldom recover, suppression of urine, as in yellow fever, supervening. I consider it a



Of 2,000 Philadelphia prescriptions 232 had but a single ingredient; and 27 had incompatibilities.—Thrush, *Pharm. Era*.

Galbraith (*J. A. M. A.*) reports fifty consecutive pneumonias without a death; treated by quinine and iron.

highland fever; opiates are contraindicated under all circumstances.

Now I have seen this same disease without hemorrhage, the same identical paroxysms and exacerbations with dark-greenish urine passing through the kidneys and black tarry actions from the bowels and the deep bronze skin of Addison's disease; chamber almost filled, showed bile plainly and in profusion. My theory is that the acrid bile passing through the kidneys and ureters and the general congestion cause the hemorrhage and not a specific disease; merely an aggravated symptom. And the same microbe I mention will be found in pernicious or malignant bilious fever. May I ask you, Dr. Waugh, and your whole congress of doctors and the alkaloidal family, the triple questions:

"Is hematuria (so-called malarial) a disease *sui generis*, or, is it a symptom of the malignant, bilious or pernicious fever prevalent in our Delta—with all the types of this class, intermittent, remittent and continued?

In fifty years' practice I have seen no oxytocic property of quinine. I have seen almost fatal collapse from over doses and do consider 40 to 60 grains dangerous if not poisonous. I have suffered severe prostration (almost collapse) from 2 to 5-grain doses at intervals of three hours while I give and take 2 grains every two hours almost *ad lib.* and seldom go beyond 3 grains every three hours. Arsenic and strychnine are good medicines in appropriate doses and too much water will drown an elephant. I use also atropine alone to allay premature labors or abortions (hypodermically, 1-1000 grain) and seldom or never use morphine excepting in surgical cases,

gunshot or other wounds, then by the mouth or hypodermically.

This is not written to teach, it is simply an experience of fifty years in the jungles where the fight has been to dodge death, and I have outlived my ancestry and all the doctors that have ever lived in this section, and am now about the only one left to tell the tale.

CHAS. C. THORNTON.

Thornton, Miss.

—:o:—

For erysipelas: Clear the bowels with a sufficiency of saline; but begin at once taking two granules of pilocarpine every quarter-hour till sweating commences, and then often enough to keep up slight action; but on no account let up its influence as long as a trace of the erysipelas remains visible. You can apply a watery solution of phenol to the skin also, with benefit. But do not neglect the pilocarpine. This applies only to the sthenic forms; the asthenic requires tincture of iron in full doses, 30 drops every two hours, with richly nutritious and easily digested food pushed to the limit of digestive capacity. Follow with the best of our tonics, berberine to tone the connective, iron for the blood, strychnine for the vitality, possibly a little phosphide of zinc would be of striking benefit in a man of that age—say, gr. 1-6 four times a day for a week.

Hematuria is due to the malaria pure and simple. The injury to the blood may be so great that when quinine is given it destroys the vitality of more of the weakened protoplasm, and the hematuria is increased. Quinine has been used with success as a preventive of hematuria but the weight of evidence is against it as a remedy for that symptom. Strychnine in



With suicides in little Milwaukee one a day, and half of them from carbolic acid, the city got after careless druggists who forgot law.

Specialism has benefited the general practitioner by educating the public to getting accustomed to higher fees.—*South. Medicine.*

full doses has far more evidence in its favor.

Why do we give pilocarpine for erysipelas? Because that drug has been found to combat in a remarkable manner the invasions of the body by streptococci; how, we do not yet know, unless it is by enormously stimulating leucocytosis, which pilocarpine does. But in asthenic states there seems to be no reserve power of the body to call upon for such a purpose, and pilocarpine depresses the vitality without quelling the disease; hence as experience has taught us that the iron powerfully increases the vitality, and controls the disease, we give it. The elder Gross held that there was a peculiar vital stimulation caused by this chalybeate that no other possessed. But why not then give it in sthenic forms also? Because it does harm and not good. The writer has seen cases thus treated; every dose induced delirium, and great benefit resulted when the iron was stopped and aconitine substituted. This moderated the fever, but did not act as directly against the malady as does pilocarpine.

—ED.



A FEW WORDS BUT THOSE TO THE POINT.

Without the granules and other preparations I could not treat patients conscientiously. It has reached the point where I would feel guilty of homicide should I lose the life of a patient without treating him with alkaloids. Where a doctor has once used these he can no longer allege ignorance as an excuse.

D. ALLEN.

Coalgate, Ind. Ter.

—:o:—

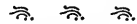
It goes without saying that the doctor has expressed our views. If a man uses



A mixture of glycerin, water and tragacanth, with one part to 500 of mercury oxycyanate is an ideal antiseptic lubricant for sounds, etc.

an uncertain, inferior tool to do work when he knows that he can get a perfect one he cannot be termed a good workman—and it is quite certain that the work he turns out will be poor. When the material is the human body and the work means *life* or *death* surely the true physician will take no risk and use only the most effective remedies obtainable.

—ED.



A WORD FROM DR. PODSTATÁ.

In the December number of THE ALKALOIDAL CLINIC you are giving publication to a lot of nonsense which was made public by one of the Chicago papers. I was quoted there as having said that one person in every one hundred and fifty in Chicago is insane. I have never made that statement and believe it absolutely false and absurd.

I have written to the editor of the paper that first published the story and asked to have the statement corrected. It was never done, however, so far as I am able to find out.

In my recent investigation on the subject of the frequency of insanity I have found that the proportion in Cook County is about one to every four hundred or four hundred and fifty of the population. In other counties of the state I have found it to be about one to every five hundred of the population. Why my statement was distorted I am unable to explain. I should not be blamed, however, for everything I am credited with in the daily press. If the doctor that finds fault with me will kindly wait until I make such a statement in a medical publication, he will be better justified in his condemnation.

V. H. PODSTATÁ.

The tsetse disease of horses, well known by all readers of South African travels, is curable by injections of sodium arsenate.

We are very glad to give publicity to Dr. Podstata's letter. This disavowal of the absurd statement which was credited to him by the newspapers settles the matter for good and all, we hope.—Ed.



CAN BLOOD BE USED BY A CHRISTIAN AS A REMEDY?

The prohibition of blood as an article of food is of ante-Mosaic date, for Moses relates that the prohibition was given to Noah. We read in Genesis 9:3, 4, 5, translated directly from the original Hebrew thus: (3) "Every moving animal which is alive shall become yours for food, like the green grass I have given to you, all of it; (4) but flesh with its life, its blood, ye shall not eat it, (5) and your blood for your life shall I demand, from the hand of every living being I shall demand it. And from the hand of the Adamite, from the hand of man his brother will I demand the life of the Adamite." It is evident from this, that it was not blood, as such, that is here forbidden, but only when that blood is in the living flesh. It is directed against the cruel habit, yet prevalent among gourmands, of cutting a slice of flesh from a living animal and eating it, English fashion, half raw. A moment's reflection must suffice to see that flesh cannot be drenched of all blood, even when the animal's life blood is shed by cutting its throat or piercing its heart; some of it will remain in the muscles.

This pre-Mosaic, anti-blood-eating custom was adopted as a national Israelitic rite, for the double purpose of preventing the drinking of blood as a prevalent Asiatic rite at idol worship and at taking of an oath, and of adopting the

libation of blood on the altar of Jehovah as a propitiation for sin. We meet with this first in Leviticus, 17. The Hebrew word there used for "kill" (v. 3) is one that is prevalently used for prostrating an animal by the shedding of its blood, and is etymologically related to our word "slaughter," and the German "schlachten."

In that chapter we read in verses 13, 14: (13) "And if any man of the children of Israel, or of the foreigner who sojourns in their midst, take a catch of beast or fowl that may be eaten, then shall he spill its blood and he shall cover it (viz., the blood) with dust; (14) for the life of every flesh its blood is with its life. And I said to the children of Israel, Blood of any flesh ye shall not eat, for the life of any flesh is its blood; all that eat it shall be cut off." Here, too, it will be noticed that the prohibition refers to eating living flesh with the living blood in it. It is eating and not drinking that is constantly spoken of because reference is had to flesh.

In the same section we read, Chapter 18:5, "And ye shall keep these my statutes and judgments the which an Adamite shall do and live by them. I am Jehovah!" Is it not plain from this that the prohibitive statute of blood was for life and not against life? How can any one have applied it sensibly against the use of blood as a means of saving life and health?

Again, Leviticus 19:26, we read: "Ye shall not eat by the blood, ye shall not practice enchantment nor divination." These practices were intimately connected with idolatry, and it is just against this that the antiblood statute was evidently directed.



In the *Medical Record*, Jan. 21, Wakefield combats the idea that the mosquito is the sole means of imparting malaria.

Colchicine causes degeneration of leucocytes, which swell, extrude the granules, the nuclei becoming indistinct.—W. S. Dixon.

Again, Deuteronomy 12:23: "Only be firm not to eat the blood, for the blood it is the life and thou shalt not eat the life with the flesh." It is again eating and not drinking, for the prohibition is against living flesh.

That this prohibition was strictly observed early one can see from the incident recorded in Samuel 14:32-35, and from the deprecation in Ezekiel, 33:25. That this went on to the times of the Christ, goes without saying, and the incident of the first Christian council at Jerusalem recorded in Acts 15:20-29, is evidence of it. And here, too, it is not from blood, as blood, that the Gentile Christians were enjoined, but from its connection with flesh, as we see it especially in the prohibition of strangled flesh. It is straining a point far beyond the legitimate intention of the prohibitive statute to apply it against the use of blood as a proper remedy. Jehovah's commands are for the preservation of life and health and not against them.

It would be interesting to know whether those who take the extreme view against administering blood as a remedy *per os*, would also be against transfusion.

E. M. EPSTEIN.

Chicago, Ill.

—:o:—

Now and then somebody bobs up with a criticism from a Biblical standpoint on the use of blood as a therapeutic agent. Deciding to go on record as to our position in the matter, we referred the question to our confrere, Dr. Epstein, who, as is well known to CLINIC readers, is deep in the lore of real things, getting his knowledge from the languages that are the prime source of our modernized literature; and the good doctor replies as above. We should judge this to be suf-

ficient for anyone. A little knowledge coupled with bigotry and more or less innate stupidity is a poor thing to have.—Ed.

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SUCCESS IN ASTHMA.

On page 966, September CLINIC, under the head of "Scored a Triumph," Dr. S. A., of Wyoming, writes that he relieved a case of asthma by the use of hyoscyamine, strychnine arsenate and glonoin. I wish to say that this testimonial is all right. I used the same treatment on a young man twenty-six years of age, who has had asthma of the worst kind since fifteen years of age and has been unable to find anything that would shorten his attacks or give him any relief whatever.

After reading "Scored a Triumph" I decided to try the treatment in his case as soon as an opportunity offered. Last evening he came into my office and it was unnecessary to inquire as to the nature of his trouble, as you could hear him wheeze a block. I gave him the hyoscyamine, strychnine arsenate and glonoin and instructed him how to take it. At the end of one hour he was getting considerable relief and at the end of two hours he was practically free from the attack and this morning he was able to resume his work.

I also wish to state that if at any time this treatment fails, you can get relief in an hour by the use of 1-20 grain of apomorphine administered hypodermatically. The only drawback to this treatment is the nausea and vomiting.

I get more help from the pages of the CLINIC than from any medical journal I take.

F. B. MAY.

Hummell, Kan.

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Adrenalin constricts the peripheral vessels and stimulates the heart, but could not be shown to constrict lung vessels.—Dixon.

A correspondent asks for information regarding Biff's Method of Determining the Coagulability of the Blood.—Ask Jim Jeffries.

Isn't it surprising what decided results one gets from the alkaloids? And isn't the idea simplicity itself when you "catch on"?—Ed.



POISONS AND ANTIDOTES.

General Treatment. — Eliminate if possible by emetics, as zinc sulphate, 10 to 30 grains, copper sulphate, 2 to 5 grains; a hypodermic of apomorphine, 1-30 to 1-8 grain. Use a stomach pump when vomiting cannot be produced, observing great care if irritant poison has caused injury to tissues. In cardiac syncope give stimulants. In narcosis of brain, keep the patient awake. In threatened paralysis of respiratory movements, alternate hot and cold spray to chest, slapping, artificial respiration, forcible dilation of sphincter ani; give atropine to excite pneumogastric nerve. Tannic acid is an antidote for all alkaloids; where you have not tannic acid use strong tea, then use stomach pump.

Acetanilid, Antipyrin. — Emetic, recumbent position, rest, stimulants by stomach or injection. Artificial respiration, atropine, 1-60 grain, strychnine, 1-30 grain. Transfuse blood.

Acids, mineral, sulphuric, nitric, muriatic. — Give an alkaline solution of magnesia, carbonate of sodium (plaster off wall in emergency), emollient drinks, fixed oils, rest, stimulants if necessary. Feed by enema.

Acid, oxalic. — Lime in any form; avoid sodium and potassium salts; emetics or stomach pump.

Acid, hydrocyanic or prussic. — Emetics, dilute ammonia water by inhalation and intravenously in vein of leg, chlorine water, fresh air, artificial respiration

with cold effusion. Stimulate—atropine 1-50 grain.

Acid, carbolic. — Alcohol 2 to 6 ounces. Any soluble sulphate, dilute sulphuric acid, glycerin and oil, magnesia, Epsom salt; vomit. Eggs and milk, stimulants.

Alkalis, hartshorn, soda, potash, lye. — Vinegar, citric acid, lemon juice; emetics, bland liquids; secure rest, opiates for pain, fixed oils, stimulants if necessary. Rectal feeding.

Alcohol. — Ammonium chloride, gr. 20 every hour, inhalation of ammonia, cold to head, purgative, strychnine, capsicum in hot milk.

Arsenic (Paris green, Fowler's solution, Scheele's green). — Vomit; hydrated oxide of iron, or dialyzed iron. Add magnesia to any iron solution; white of eggs, milk, castor oil. Atropine; apomorphine.

Acetate of lead. — Epsom salt, dilute sulphuric acid, magnesia, soda, succeeded by emetics, and afterwards by opium and milk; castor oil.

Ammonia. — Vinegar, lemon juice, demulcent drinks.

Aconite or Aconitine. — Emetics, stimulants, external and internal; strychnine and atropine; keep up external heat; keep patient flat on back. Tannic acid.

Antimony (Tartar emetic). — Vegetable acids, such as tannic acid, catechu; stomach pump. Strychnine. Eggs and milk.

Belladonna, atropine, stramonium. — Emetics, pilocarpine hypodermatically, mustard flour in water, cold to head, strong hot coffee, ammonia external and internal, enema.

Bee Stings. — Soda or echinacea locally.

Baryta Salts. — Emetics, or stomach pump. Epsom salt.

Cantharides. — Emetics, emollient



Medical Notes and Queries, edited by H. W. Cattell, Philadelphia, appears first in January. 16 pages, dollar a year; neat and good.

The gem of *Medical Notes and Queries*, and it is one, is Watson's skit on Oleo. The humor is rich—not oleaginous.

drinks, opiates by mouth and rectum, large draughts of water to flush kidneys.

Chlorine Water.—White of eggs, milk, flour, very dilute ammonia water.

Cannabis Indica.—Hot brandy and water, vegetable acids (lemon juice, vinegar), blister to nape of neck. Let patient sleep.

Copper Sulphate.—Yellow prussiate of potash, or soap, white of eggs, milk, magnesia. Emetic, flour.

Chloroform.—If swallowed, use stomach pump. Fresh air, artificial respiration, lower head, pull tongue forward. Brandy and ammonia intravenously in leg. Dilate sphincter ani. Use hot whisky enema. Atropine and strychnine. Amyl nitrite inhalation. Apomorphine.

Chloral. — Emetic, apomorphine; strychnine, coffee, atropine. Artificial respiration, heat.

Cocaine. — Brandy, nitrite amyl inhalations. Ether, five minims hypodermatically. Tannic acid, artificial respiration.

Colchicum, colchicine.—Emetics, followed by demulcent drinks. If coma be present give brandy, ammonia, coffee. Keep up external heat. Opium in large doses.

Conium, Cicutine.—Emetics, followed by stimulants, external and internal. Tannic acid.

Corrosive Sublimate, Mercury, Gold.—White of eggs, milk, flour, equal parts lime water and milk. Vomit or use stomach pump, castor oil, strong tea. If chronic, iodides and astringent mouth washes.

Croton Oil.—Emetics, copper sulphate, 10 grains; wash out stomach followed by mucilaginous fluids containing opium.

Canned Fish.—Emetics, purgative, pilocarpine.

Decayed Meat or Vegetables.—Emetics or stomach pump, purgative, enema, powdered charcoal, hydrogen peroxide, pilocarpine. Atropine or muscarine as indicated.

Digitalis, digitalin.—Head low, recumbent position; after emetics, stimulants, strong coffee, mustard to chest.

Elaterium.—Demulcent drinks, enemata of opium; warm bath, external heat.

Ergot.—Emetics, strong tea, or tannic acid, nitroglycerin, stimulants, ether.

Gas, illuminating, cesspool, etc.—Fresh air, oxygen, artificial respiration, amyl nitrite. Dilute ammonia hypodermatically, nitroglycerin. Electricity to heart and lungs; transfusion of blood. Pulling tongue forward 16 to 18 times per minute.

Gas, nitric, nitrous, sulphuric, hydrochloric; or Ammonia, chlorine, bromine; inhalations of above or of flames.—Opiates, steam inhalations, counterirritants to chest, chloroform vapor.

Hyoscyamus, hyoscyamine.—Stomach pump or emetics, stimulants, external and internal. Pilocarpine.

Iodine. — Emetics and demulcent drinks, starch or flour diffused in water. External heat, opium if necessary for pain, use in starch enemata or give in small doses.

Lobelia.—Stimulants external and internal; external heat. Ammonia, tannic acid.

Mushrooms.—Emetics, atropine, castor oil, stimulants, camphor, coffee.

Nux vomica, strychnine, brucine, ignatia.—Vomit, catheterize unless it produces convulsions. Twenty grains chloral, 60 grains bromide of potash; nitrite of amyl, chloroform to control con-



The proposed amendment to the Virginia pharmacy law seems to prohibit physicians dispensing their medicines.

Can and must the physician issue to himself a written order for drugs, previous to dispensing them himself, in Virginia?

vulsions. Secure absolute quiet. Tannic acid. Ice to spine.

Opium, morphine, laudanum, paregoric, etc.—Atropine hypodermatically till respirations number eight per minute. Stomach tube, stimulants external and internal, brandy, strong coffee; cold effusion; ammonia to nostrils; galvanic shocks, artificial respiration, electric brush. Wash out stomach with potassium permanganate solution. Keep patient awake, but do not tire too much.

Phosphorus (matches).—Magnesia, old oil of turpentine gtt. 40. Emetic and purgatives, sodium bicarbonate, peroxide of hydrogen, 1 per cent solution of potassium permanganate.

Physostigma.—Atropine, external heat, cardiac and respiratory stimulants.

Silver Nitrate.—Solution of common salt and demulcent drinks. Eggs, white of. Emetics.

Snake Bite.—Inject solution permanganate of potassium or ammonia at seat of poison; olive oil freely, internal and external. Stimulants.

Tobacco.—Emetic, stimulants, external and internal, strychnine, external heat, coffee.

Veratrum Viride.—Camphor, ammonia, atropine, hot coffee or caffeine up to gr. 20 hypodermatically.

Wood Alcohol.—Emetics, afterwards stimulants.

Zinc Salts.—Carbonate of soda, emetics, warm demulcent drinks, stimulants.

W. W. HANNIS.

Greeley, Colo.

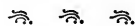
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Of course the best place to carry a list of the poisons and their antidotes is in your head—but that is sometimes rather difficult. The next best thing is to have a list close at hand in time of emergency.



The mortality in Johns Hopkins Hospital in pneumonia cases is 25 per cent for white and 30 per cent for colored patients.—C. M. J.

Many of the handy little volumes now prepared for the physician's use have these, but in default of such a volume, paste this list or some other similar one "in your hat," or any other handy place. And by the way, what can you add to this, which the doctor has prepared with so much care?—Ed.



TO MAKE A GOOD "HAIR SUTURE" USE THREAD.

Allow me to add to Dr. Candler's article on using hair as a suture. My experience is that inevitable failure follows an attempt to tie the hair of the human head into knots, because they very quickly come open again. If, however, you will lay a sterile thread (any material) next to the skin, then pull your hair suture tight, clamp it with an artery forceps while it is being held taut, finish your knot, and then tie your knot of thread around the hair knot, then it will hold. In other words, the hair knot, which is made by the assistance of an artery forceps, is itself held by a knot of thread which envelopes it.

Please give us your infallible remedy for bedwetting, which you suggest or promise on page 34, Query 4506.

A. F. BURKARD.

Omaha, Neb.

—:o:—

We have found it easy to tie the hair of the head as suggested in the article by using the surgeon's knot. We have, occasionally, had trouble when the hair is slippery and wet, but a drop of colodion settles that matter. However, your suggestion is an excellent one, Doctor, and we take pleasure in reproducing it..

The remedy for bed-wetting spoken

In chronic myocarditis, dyspnea, foot dropsy, no valvular disease, low arterial pressure, digitalis worse, glonoin aids.—Greene.

of is the following: Ergotin, one granule, strychnine, gr. 1-134, hyoscyamine, gr. 1-500, and either gr. 1-6 of hydrastin or three minims of specific tincture of thuja every three hours, the last dose being given one hour before bedtime and no fluid being allowed after six o'clock in the evening. Of course, any abnormalities of sphincter or prepuce must be corrected and worms must be gotten rid of if present.—Ed.



GONORRHEAL RHEUMATISM.

I would like to report a case of gonorrhea to the CLINIC family and get opinions, editorial or from the readers, as to the class of cases this one represents.

He was a boy of twenty years who had seen much of the world; slender and wiry, rather "tough," but pleasant appearing. His "clap" was raging; the glands were angry and bleeding, the foreskin swollen and beneath it a mass of putrid smegma was eating into the tissues about the glands. Both eyes were red and injected; there was photophobia and a watery but not a purulent secretion was discharging from the lids, which were not swollen, although the palpebral and ocular conjunctivæ were both deeply injected. There was no orchitis nor joint symptoms at this time.

He came to my office for treatment without money, but stated that the landlord of the hotel where he worked would stand good. I knew this landlord as a man altogether too generous for his own good, and chancing my pay I prescribed the following:

I put up a one per cent protargol solution, to be used as an injection four times a day. I painted the glans with an

ichthyol ointment, and painted around the eyes with the same, directing him to use the urethral injection also as an eye-water. Noting the danger of corneal ulcer I also had him use a half per cent atropia solution three times per day for effect. Internally I prescribed half a grain of calcium sulphide granules every half hour and ordered a saline laxative, two drams in the morning or oftener if bowels were slow to act.

The anticonstipation granules, four to eight per day, were also given to inspire activity of the bowels. That the urine might be rendered less acid I gave him a potassium acetate solution to be used about 30 to 60 grains in the twenty-four hours, according as the urine burned him.

This, with a syringe, is a combination I put up for \$5.50, but wishing to be easy on the boy I offered to treat him a week for \$10.00, seeing the landlord was acting so generously toward him. This last offer the boy refused, saying he would take the medicine and return when he had used it. I told him his life was in danger, making him feel at the time that I did not know much. He had seen "clap" and knew of its "bad as a cold" reputation. All he wanted was to get the discharge stopped. In the next three days I did \$100 worth of practice and at last looked in to see the boy, finding him much improved and hopeful.

A week passed. I was not called to the boy and heard no word from him. Practice rushed me so I neglected to drop him a free call. About ten days after his first visit to my office I was called to see him, finding his joints swelled and his eyes worse than ever. He had taken no medicine for about six days. Cases like this, of course, do



Headache with corpse-like pallor, is relieved by vasodilators; with congested face, by vasoconstrictors (glonoin and ergotin).—Greene.

Arteriosclerosis and cirrhotic kidney—sodium nitrite and sublimate absorb new connective.—Greene, *New York Medical Journal*.

not have a nurse. The boy had a high fever. With a saline, the trinity and methylene blue I soon settled the fever, then with calcium sulphide, ichthyol, phytolaccin, calcidin, nuclein and 30 grains of oil of gaultheria, in capsules, I made that joint-swelling nearly vanish.

The boy was up and on the streets in a few days but soon was down again, not keeping up the medicine, as I advised. Again I did about the same and again the boy was up and limping around, but in a few days down again and this time it required my attention twice per day for about two weeks to get him up, after which he was very weak.

To get stronger and to take a better rest he was sent to the county hospital, from which he returned, limping a little, after a month there under medical supervision, but according to his statement getting little medicine. Two weeks more went by and I heard he was down again, and he had called another doctor who, for swelling of the limbs has placed him in plaster.

In this valley malaria is omnipresent and a case like this always has a malarial factor which indicates a change of climate. For financial reasons such changes cannot be made as easily as we can talk about them. I may also mention that in treating the gonorrheal rheumatism I used with the gaultheria daily, 20 or 30 grains of ichthyol in capsules with, I believe, a good effect. The joint-swelling yields quickly to the oil of gaultheria as well as to calcium sulphide and calcidin.

To make a permanent cure in such a case is not a very difficult proposition, providing good nursing and complete control of the patient is possible but

without these and in a malarial district the physician has a hard proposition to face.

C. E. BOYNTON.

Los Banos, Cal.

—:o:—

We submit the case to the family. Can any one suggest an improvement upon the doctor's method? In our experience the calcium sulphide does the work in these cases—if given to complete saturation. The difficulty in this instance was that the doctor could not keep the patient under *constant* care and sufficiently prolonged medication. But these are often bad cases.—ED.

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OSTEOPATHIC TREATMENT OF HYPERMETROPIA.

In an adjoining office is a physician and surgeon, a friend of mine, who is a Rush graduate. His son often visits my office and noticing that he put on a pair of glasses when he read, I questioned him and learned that he did so when reading for some time. Examining his neck, I found the second cervical vertebra laterally twisted. Later discussing with his father, the ability of an osteopathic physician to reduce a subluxation, I offered to demonstrate and calling the boy, pointed out to both the father and to an ophthalmologist who was present, where the lesion was located. Both recognized its presence as an "irregularity." I nearly reduced it, sufficiently changing the position that they said the irregularity was gone. Later the father voluntarily informed me that his son had not worn his glasses since and suffered no inconvenience from reading, his eyes becoming neither painful nor inflamed. The following is his statement of the case:

~ ~ ~

Loomis classed pneumonias into cases we can't kill, those we can't cure, and those that may be saved by treatment.

Vasomotor dilators and contractors are among the most important therapeutic agents at our disposal.—Green, N. Y. M. J.

This is to certify that the 14-year-old son of the undersigned suffered from defective vision, diagnosed by a competent oculist as farsightedness and corrected by proper glasses. Whenever the boy went without glasses for a number of days, while attending school, he would have headache and feel languid. These symptoms were promptly relieved by again wearing the glasses. I had occasion to observe this at different times when the glasses were sent off for repairs. When my boy entered school this fall, he started in without glasses, experiencing no trouble. After having attended for a while, however, he again resorted to the glasses. This fact coming to the notice of Dr. Fiske, while the boy sat reading in his office, led the former to inquire into the trouble and to examine his cervical vertebræ. When I, a little later, stepped into Dr. Fiske's office, he said to me, "Doctor, your boy has a bony lesion." My interest was naturally aroused, and I most willingly had my osteopathic friend demonstrate to me that the spinous process of the second cervical vertebra deviated about an eighth of an inch to the left of the median line. Dr. Fiske then asked me whether or not he should correct the faulty position, to which I gave my consent. Manipulating the parts after the reduction, I noticed that the lateral displacement had subsided to within about one-twenty-fourth of an inch. Since then my boy has not worn his glasses and he tells me that his eyes give him no trouble whatever.

Respectfully,

(Signed) L. W. JUERGENS, M. D.

The account of the ophthalmologist is as follows:

On examination of the boy, I found him wearing convex spheres and as he had clear vision for distance, this shows that he was a hyperope. I also found an irregularity in the bony structure of the neck about an inch and a half below the occiput, which was removed a few seconds later by a simple treatment of Dr. Fiske. The irregularity had almost disappeared. On asking his father in re-

gard to the condition of the boy's eyes after this, I was told that he was not complaining any more, although he now reads without the use of his glasses.

(Signed)

E. C. ROOT.

The probable explanation is as follows:

The superior ganglion of the cervical sympathetic nerve lies on the rectus anticus major muscle, opposite the second and third cervical vertebræ (Quain), lying behind the internal carotid artery (Gray). If the vertebra (in this case the second) is rotated on its body, the transverse process will be pushed forward on one side, retracted on the other. This would cause an irregularity in the bed of the transverse process on which the ganglion lies, resulting in an irritation every time there occurred a contraction of the muscle or a pulsation of the artery. "Gradually applied pressure may paralyze the nerve without exciting it, but on removal of the pressure the recovery of the sensory fibers is accompanied by excitation processes."—(American Text-Book of Physiology.)

This rotation of the vertebra will also cause an irregularity in the line of articular processes which can be palpated. (Sometimes the spinous process is crooked, so diagnosis based on its deviation is not accurate.) Granting that the lesion may be palpated and that its presence may affect the ganglion in question, it remains to trace the effect to the eye. Quain says that fibers from this ganglion, through the carotid and cavernous plexuses, reach the lenticular ganglion, which the American Text-Book of Physiology says is concerned with accommodation. In this particular case, the boy was troubled with difficult accommodation, the eyes soon tiring when focused



See The Physician as an Investor, by Lydston, an instructive editorial in the *New York Medical Journal*.

Cabbito showed the perspiration of epileptics is poisonous and Krainsky proved the same thing for the blood.—*Med. News*.

for near work. The osteopathic explanation is that there was an insufficient supply of nerve force, caused by the lack of conductivity in the nerve affected by the lesion mentioned, but on removal of the lesion, the flow of nerve force being sufficient, accommodation was accomplished without strain.

FRANKLIN FISKE.

Portage, Wis.

—:o:—

We have to thank you for your account of the case of hypermetropia which you treated osteopathically. We quite appreciate the fact that osteopaths are increasing and that a better class of men are now studying osteopathic practice. We always have believed that there was some good in everything, and while we cannot believe that an osteopath can do all that he claims he can do, yet we do believe that an educated physician can add to his usefulness by becoming acquainted with osteopathic methods.—ED.



URIC ACID?

Dr. Woods Hutchinson's paper on "The Uric Acid Delusion and the Prevention of Gout," has been watched for by all who heard the brief extracts from it read at the last meeting of the Section of Pharmacology of the A. M. A. The complete paper appears in the *Association Journal* for December 3, to which we refer those who will appreciate this article. We present herewith some of the salient points:

Whatever be the cause of gout, it is not uric acid; hence we dismiss from its therapeutics all means of promoting or lessening the formation of uric acid or eliminating it or any of its precedents.



Cerebrospinal fluid drawn from epileptics during the paroxysm caused convulsions and death in animals.—*Med. News.*

This delusion began with Garrod, and led to "the brilliant and attractive speculations of Roberts and the flatulent absurdities of Haig." Uric acid is not toxic, is not a result of imperfect combustion of proteids of the urea series; as appearing in gout it is a result of destructive metabolism of the nucleins of the tissues and not derived from the food, and while some uric antecedents, like the purins, are more toxic than uric acid it is exceedingly doubtful if they are sufficiently so to account for the symptoms accompanying them—they are an effect rather than a cause of the intoxication.

All the lesions of gout may be produced by a poison not even organic—lead. No urates here. Typic gouty urine appears in the early stages of mild fevers. The same phenomena follow inoculations with infective organisms. The most common cause of these symptoms is alcohol, as wine and beer—rarely spirits. We are probably dealing with a direct intoxication by alcohol or the ether, ester or acetone attending it, so that we have two instances in which toxics formed outside the body cause gout. Case study leads to the belief that we are dealing with external intoxications or impaired digestion and assimilation, resulting in abnormal poisons forming in the alimentary canal, or excessive absorption of toxics normally formed during digestion. Diet will be regulated more by its toxic-producing properties than its nitrogen or nuclein contents. "It is quite as important to know what kind of a patient the disease has got, as to know what kind of a disease the patient has got."

It may be in exercise, in bathing, in sleep, in mental stress, in hurry after

Pellegrini found the cerebrospinal fluid of epileptics highly toxic if drawn directly after an attack.—*Med. News.*

meals, even in errors of refraction, that the crux of the lithemic problem will be found to lie.

Much uric acid is found in the urine and tissues unattended by any gouty or lithemic symptoms.

The behavior of the gouty paroxysm is not reconcilable with the theory of its causation by uric acid; but it fits perfectly with the view that it and the paroxysm are alike due to toxics. There is at first a marked decrease of uric acid elimination; there is no proof of excessive deposit later in tissues or urine; urates appear plentifully during the decline, due to breaking down of cell nuclei by the toxin.

The rise in urates is accompanied by a parallel rise in the phosphoric acid excreted; and nuclein is a purin base with nucleic acid, whose radical contains phosphoric acid, the two results of a destructive metabolism of the cells being uric acid and phosphoric acid. We have thus grouped together an enormous variety of mild chronic intoxications, infective, dietetic and autotoxic, the sole unity being the production of uric acid.

As to the tophi: Uric acid is not toxic enough to account for the irritation; large masses of biurate are deposited without giving rise to any symptoms; the deposits do not correspond with the attacks; the tophi are symptoms of toxins attacking the joint tissues as are the fibrous nodules of rheumatism and the exostoses of rheumatoid arthritis. In rheumatism we have various acute streptococcus and staphylococcus joint infections, one of which, gonorrheal, has been already split off; arthritis deformans includes at least three toxic or toxoneurotic processes; and in rheumatism is another by-product of cell destruction,

lactic acid. These deposits are local products rather than from the general circulation. For (1) gouty blood contains no excess of uric acid; the toxins attack the tissues about the joints as regions of least resistance, slowest circulation and lowest vitality, the tissues die *in situ*, and with the assistance of the leucocytes break down into masses of sodium urate and into phosphoric acid, the latter swept into the blood and eliminated in the urine; or if enough lime be present the exostoses of chronic gout are formed. (2) In the gouty an injury to a joint may precipitate an attack here; and the joints most exposed to trauma, the big toes, are most affected, next the thumb.

Tophi form in the gouty because the cells have just enough resisting power to die in opposing toxins and form urates. In the acytic the cellular resistance is deficient and no struggle results. In the hypercytic the cells win the battle and neutralize the toxins, also disposing of their own dead.

Throughout the animal world the presence of purins favors the deposit of lime salts; which with the production of urates is one of the incidents in slow, non-suppurative tissue-necrosis. The same phenomena of uric acid and lime deposit attends the formation of calculi—a deposition of successive layers by living cells to cover up a foreign body. Probably in this lime deposition we have a neutralization of toxins.

Gout might be defined as "any form of mild chronic intoxication occurring in an individual of a medium grade of resistance and resulting in the deposit of uric acid or the urates in the tissues or the urine."

Experiments convince me that cholin causes the convulsions following injections of fluids taken during epileptic paroxysms.—Donath.

No truth in medicine seems to be securely established. Woodruff desires the prohibition of alcohol in the tropics withdrawn.

Prevention, however, is neither hopeless nor indefinite. Find the special cause in each case; search from the roots of the teeth to his refraction and the possibility of lead under the nails. It may be perverted normal metabolism, an error in refraction, mental worry, grief or overstrain; an external infection, tooth ulceration, septum ulcers, acne, furunculosis; a large majority autotoxic of intestinal origin—and here our reliable remedies won their laurels. The alkaline laxatives check acid fermentation and sweep putrescent matters out before they have time to give off toxins to the blood. The intestinal antiseptics prevent fermentation in the alimentary canal. The alkalies reduce the acidity of gastric digestion; possibly neutralize toxins, usually acid, and are laxative. Lastly, renal and other eliminants, colchicum, iodides, acetates and niter. Almost every remedy found useful for gout prevents the formation or absorption of intestinal toxins or promotes their elimination.

Diet may be summed up in this: Direct such food as will in each case reduce intestinal putrefaction to the minimum, while abundantly supporting strength. Proteids as such have absolutely nothing to do with the production of gout. Some of the worst cases live on bread, butter, potatoes, sweets and tea. The fault usually does not lie in the diet, except as it may be deficient or excessive. The value of vegetables is in their unattractiveness, a polite form of starvation merely. Better increase oxidation than lessen intake. Above all—water, internally, externally and eternally. Digestive processes are processes of hydration; it is the finest eliminant we possess; 99 per cent of our body cells are aquatic

organisms still, and must be kept flooded with water to live. The dissolved salts are a matter of taste—the one active agent in all mineral waters is H_2O . This paper says what we have been saying a long time, and says it better.



OPENINGS FOR DOCTORS.

There is an opportunity for an energetic doctor who wishes to see his family enjoy continued good health and who will be satisfied with an ordinarily good living—not too hardly earned—to settle in one of the most healthy parts of Arkansas. The present incumbent has raised peaches weighing over a pound and has several acres of orchard and unimproved land (which is rising in value) to dispose of. The practice is good and fees paid. There are personal reasons for his desiring to depart. The doctor says that the man who gets his place gets a good thing and we believe him. The prospective Arkansan should have three or four thousand as a new house is required. Anyone interested address Dr. E. Etheridge, Statler, Arkansas.

There is also an opportunity at Idaho Springs, Colo. The locality is a good one, and the present owner will sell practice and household furniture and rent the house to the right person. The altitude is too high for the doctor and this is really a good opportunity for some one who wants to get a start. Address J. B., Finucane, M. D., Idaho Springs, Colo.

In addition a young doctor has written us; a very able man, that he wants to enter practice in the Southwest. Little money—but a hustler. Write us if you have an opening.



Ankylostomiasis has cost the Miners' Association of Germany a million dollars. Heat in mines favors the disease.

Syphilis is a specific fever; primary local, secondary hemic, tertiary sequelae from toxic debris.—Jonathan Hutchinson.

AMONG THE BOOKS

Materia Medica and Pharmacy, Exercises in these branches for Students, by P. A. Fish, D. Sc., D. V. M., second revised and enlarged edition. Published by the author at Ithaca, N. Y., 1904. \$1.00.

The book is for the laboratory and to be used under the guidance of a teacher, and is, we confidently think, intended to be eminently profitable for both teacher and pupil. There are features in this book which betoken a grateful advance in the medical and pharmaceutical professions. We congratulate Prof. Fish on his work

P. Blakiston's Son & Co., Philadelphia, publish a very handy interleaved *General Catalogue of Medical Books*, arranged alphabetically by authors and also by topics and giving not only their own publications, but those of other publishers as well. Only twenty-five cents and very useful.

Practical Dietetics, by Alida Frances Patee, is just what the title claims it to be—practical. It is not enough for us to know that this, that or the other article of food or beverage is good for the one or the other patient or convalescent, because their physiological or pathological condition is met by the chemistry of the special aliment we prescribe; we and the *entourage* of our patients often need to know *how* a dish is prepared in the kitchen and how it is to be served toothsomely and appetizingly. And it is for the last named

qualities that the author, herself an educated practising nurse and teacher of nurses, deserves thanks for the service she has done for physicians and their patients. The book is in its second revised and enlarged edition. It is published by the author herself at 52 W. 39th street, New York. Price, \$1.00.

Medical Laboratory Methods and Tests, by Herbert French, M. A., M. D. (Oxon), is published by W. T. Keener & Co., Chicago, at \$1.50. This little book of 143 pages, seven by five inches, is intended for the physician's own laboratory. It gives a detail of the common methods, and is specially useful in pointing out the fallacies into which the best of us, when we work alone, may fall. The illustrations are abundant and sufficient to give an idea of the things illustrated.

Alienists as well as wide-awake physicians, generally will be glad to learn of the publication by the F. A. Davis Company, of Philadelphia, of the late von Krafft-Ebing's *Text-Book of Insanity*, translated by Professor Chaddock of the St. Louis University.

The value of this text-book consists largely in the aptly illustrative cases. While the book is not, by any means, void of theory yet its deductive teaching, especially in practice, is derived from clinical observations by the author himself and by others. In medical mental science this book is a monument to the much-lamented author. The medical

world is better off for his having lived.
Price \$5.00.



Dr. Geo. M. Gould has added to his list of medical dictionaries still another by the title *A Dictionary of New Medical Terms*. It is tendered as a supplement to his Illustrated Dictionary of Medicine, Biology and Allied Sciences, and is based upon recent scientific literature. This supplement, like all the other dictionaries of the author, is very useful, and it will be of special value to those who own the earlier editions; corrections made in these various editions have, for the most part, been incorporated in this supplement.

The author says in his Preface: "Those who may detect any sins of omission or of commission are requested to notify me in order that future editions may be made more accurate." We hope he will in his next editions incorporate the words "Dosimetry" and "Alkalometry." A dictionary maker may differ from any therapeutic method, but he has not the liberty to omit the mention of it from his Dictionary. Dr. Frank P. Foster has "Dosimetry" in his unsurpassed Illustrated Encyclopedic Medical Dictionary of 1888, and in his Appleton's Medical Dictionary of 1904. Dorland began to have "Dosimetry" and "Alkalometry" in his very handy "American Illustrated Medical Dictionary," in his edition of 1901. Stedman's Dunglison's Medical Dictionary, twenty-third edition, 1903, has both "Dosimetry" and "Alkalometry." Duane's "Medical Dictionary," fourth edition, 1902, has "Dosimetric system" and gives an excellent and most up-to-date definition of that steadily-growing therapeutic method. We rest our case with our

thousands of readers, and are ready to hear the author's defense.

Dr. Gould will be well advised to read our review of the second edition of his Illustrated Dictionary of Medicine in the December CLINIC, 1902, p. 1122. He will also be benefited by consulting "New Words" in the August, 1904, volume of the Practical Medicine Series." Comparing the letter "A" in this with Dr. Gould's present volume we find the former have an advantage of 43 words. We very kindly offer this suggestion for the next edition of the present work.



A Laboratory Manual of Human Anatomy, by L. J. Barker, M. B., Tor., is a most excellently planned and well illustrated Dissector. Publishers: J. B. Lippincott Company, 1904, \$5.00 and worth every cent of it.



Normal Histology and Microscopical Anatomy. By Jeremiah S. Ferguson, M. Sc., M. D. Of the many books that have been written upon histology we have not seen in recent years one that pleased us as much as this. To begin with it is more complete, treating the subject with detail commensurate with the increasing importance of the subject. To understand pathology one must know histology, and indirectly this is essential to intelligent therapeutics. It need hardly be said the treatment of the subject is readable—really made interesting; furthermore, it is made more plain by the wealth of illustrations. A large proportion of these are original and all are "taken from life," many from drawings made by the author himself. The whole field of histology is well covered, even such departments as the ductless glands receiving adequate attention. The chap-



Syphilis requires mercury, a true antidote, as soon as the diagnosis of chancre is reasonably ~~near~~ ^{near}—Jonathan Hutchinson.

Ergot and digitalis increase the volume of blood in the lungs; and the pulmonary blood pressure.—Brodie and Dixon, *Med. Record*.

ter on technique will prove of great value to the practitioner. Dr. Ferguson's experience as a teacher in the Cornell University Medical School, New York, has enabled him to do work that will make its mark on medical literature. Paper binding, illustrations are all Appleton's best—and we all know what that is. Price, \$3.50.



The science and art of Orthopedics has received a most gratifying and valuable monograph on *The Influence of Growth on Congenital and Acquired Deformities*, by A. R. Brown. The original ideas and procedures detailed in this volume are rational and commendable. The book is well illustrated, well printed and bound, and has an unusually full index.

Publishers: Wm. Wood & Co., 1905, \$2.00.



A very acceptable book upon the diseases of children is *Practical Pediatrics*, by Drs. E. Groetzer, editor of the *Centralblatt fuer Kinderheilkunde* and the translator, Dr. H. B. Sheffield, our well-known American pediatricist. The book is brief yet very comprehensive and always to the point. The *Materia Medica* contains many excellent new remedies that have not found their way yet into our *ex cathedra* manuals. The original author's intention is to enable the physician to test *cito, tuto et jucunde* (our alkalometric banner motto), hence the many alkaloidal remedies. It would not have hurt to have more of them.

We are glad to have German treatment of children's diseases brought so efficiently to the notice of the American profession. The book is excellently gotten up, with a full index, by the F. A. Davis Company, Philadelphia, 1905. \$3.00.



Glasgow is to send her sots to an island in the Hebrides owned by the city, where they may earn their own keep.

The Diseases of Society (The Vice and Crime Problem). By G. Frank Lydston, M. D. J. B. Lippincott Company, Philadelphia and New York. Price \$3.00.

In this important volume Dr. Lydston is dealing with a problem, or rather a series of problems, which are vital to the welfare and to the future of our society. Degeneracy, as manifested in crime, insanity, imbecility, the social evil and pauperism, is generally admitted to be on the increase. Penal, legal and religious methods of dealing with this problem have failed to check this retrogression, so that it is time that we began to look around for a solution. The problem is big enough to interest all of us. Dr. Lydston makes the statement that vice and crime cost the nation annually about \$200,000,000, or from three to five dollars for every honest man or twenty-five dollars for every family. Approximately one person in every three hundred and twenty in this country is criminal, insane or a pauper.

Dr. Lydston vigorously assails the Pharasaic method of dealing with crime on the basis that the criminal is simply "bad" from choice. Following the dicta laid down by Lombroso and others of the modern school he believes that this "badness" has a cause—and that this cause is physical; in other words we may consider the criminal diseased, or rather the product of imperfect development. Arrest of moral development is dependent upon imperfect physical development. Evolutionary laws control the production of criminals in the same way that they manifest themselves in every phase of physical life. The criminal man is, we might say, a primitive man. Civilization has developed in modern man certain moral



To realize the interest you as a physician must have in *How To Live*, compare a copy with one of *The Naturopath*.

ideas; the savage cannot appreciate these because of his imperfect evolution. The criminal has simply stopped at the stage of savagery and being unable to adjust himself to his surroundings receives the brand of Cain.

Starting with these fundamentals the author goes with care into the details of his subject. He traces the etiology, pathology, chemistry and symptomatology of these "Diseases of Society," and gives special attention to some of the varieties, such as anarchy and crime, sexual vice and crime, the race problem, genius and degeneracy. Finally he concludes with the "therapeutics," this being the portion of the book which is of most practical interest. The methods of controlling crime thus far employed he thinks generally ineffective. "Every penal institution, every expensive process of criminal law, is a monument to the stupidity and wastefulness of society." First he calls attention to the necessity for the regulation of marriage to prevent the propagation of defectives; for the same reason he recommends the sterilization of criminals of certain kinds. Improving the condition of the poor, by raising the environment and improving nutrition would do much to prevent crime. But most attention is given to the necessity for the proper training of children and especially children who commence life in the slums and on the streets. Here is the great school for crime. That much can be done has already been shown by experiments like the John Worthy School. And to this we wish to lend our indorsement.

This book is one that every physician should own and study. The problem with which it deals is of especial interest to the profession. The ground covered is

enormous, yet it is dealt with in Lydston's snappy, incisive style. He attacks evil with neither "fear nor favor." The book should have a good result.



Politics in New Zealand.—In reviewing "The Story of New Zealand," the admirable volume issued about a year ago by Dr. C. F. Taylor, of the *Medical World*, jointly with Frank Parsons, we commented upon some of the marvelous things that are being done in the economic world in what we consider "the antipodes." We hope many of the readers of the CLINIC procured this book and read it, for it is a revelation of possibilities in government of which we hardly dare to dream in this country.

To those who are interested in good government, but who have to go charily in the matter of expense we want to recommend an abridgment of the magnificent larger book, which has now been issued in a popular form, paper bound, under the title given at the beginning of this review. This book, which is sold at the merely nominal price of 25 cents, contains more than 100 pages of closely printed matter. It deals with practically all the economic subjects considered in the larger book, but of course they are treated with less detail. We want to urge every reader of the CLINIC to read this book. Even though you disagree radically from the New Zealand way of doing things, you must admire a country which has learned how to settle the trust question, the labor question, the railroad question, has public ownership of utilities, simplified land titles, women's suffrage, old age pensions, state insurance, and a score of other things about which we are only beginning to talk.



Do your share toward educating your community in hygiene of the true sort, so as to root out the fakes now in the field.

Get some sample copies of *How To Live*, and form a club for it. This will benefit you by teaching the public true hygiene.

CONDENSED QUERIES ANSWERED

PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

ANSWERS TO QUERIES.

ANSWER TO QUERY 4599:—I just wish to answer Query 4599, by J. W. B., Tennessee. "Orchitis, Chronic, Traumatic." Male, aged 60. Tried antiphlogistine, tobacco, and bis. subnitrate (the tobacco was a pet remedy of the patient's). None of these seemed to do a particle of good, although I gave pilocarpine, gr. 1-6, till sweating was produced. But the case was cured by nitrate of silver, 20 grains to the ounce, painted on freely with a brush every two hours. However, this caused slight abrasions of the skin, so that were I using it again should use less frequently, although the abrasions soon healed up. I have gotten lots of good out of the CLINIC and wish to help others if I can do so.

J. STANTON.

Lusk, Wyo.



IN ANSWER TO QUERY 4629, about varicose veins, I will say the condition can be almost as good as cured if dose enough of hamamelin is given. You say three of hamamelin three times a day. Instead of that you should say three every three hours increased to four every three hours in a week. They are practically useless in small doses. I give in bad cases of varicose veins twenty-four to thirty-six granules per diem. The rest of your advice is all right.

S. F. S.

—, Illinois.

ANSWER TO QUERY:—I venture to suggest (however very late) for D. G. T., Tenn., January CLINIC, page 57, that if he will use a mixture as follows, I think he will greatly relieve and perhaps cure his flea bites: Carbonate ammonia, dr. 1; acetate lead, dr. 1; laudanum, oz. 1-2; rose water, oz. 8. M. ft. lotio. Sig. Direct that it be applied frequently during day and at night on lint or soft cloths.

Also, flowers of sulphur, two parts and cream of tartar, one part. Mix. Sig. 1-2 to one teaspoonful, three times a day, or perhaps the comp. sulphur granule is better. I think this will cure his case, using a good castile soap to wash off exudation around sores.

A. M. CRITTENDEN

Ferguson, Ky.



ANSWER TO QUERY:—Tell Dr. Feige, of Woodstock, N. D., to give his patient rhus toxicodendron 3x, and if a few doses repeated every two hours does not give desired results, give the 30x (Boericke & Tafel) for a few days four times a day. I have used this remedy for years for painful conditions following injuries and I do not now recall a single failure. I usually give the 30x. For bee stings give apium virus 30x, and report your failures.

E. A. EDMONDS.

Hebron, Ind.



QUERIES.

QUERY 4656:—"Stomach Trouble." Male, teacher in Catholic institution, about 28 years old. Trouble commenced four years ago and remains about the

same. Pain in stomach comes on generally from one to three hours after drinking any fluid, either water, tea, coffee or milk. Quite often pain is felt worse in morning on rising and sometimes a slight nausea. If exercise is taken after this drinking it will cause vomiting. Splashing sound is heard in stomach after drinking. He belches gas and complains of a sour taste in mouth occasionally. Eating seems to cause no bad symptoms—only the drinking. The bowels have moved every other day for the last four years. Tenderness on pressure over pit of stomach. Slight headache at times from nasal catarrh. No backache. Heart, lungs and kidneys normal. He also complains of a "sticking" in larynx for three or four years. It sometimes produces a little cough. Gave calcidin for throat with no results.

J. S. C., Illinois.

Have the stomach contents examined in this case. Give a Boas test breakfast and then make an examination of the condition of the stomach. This may be a gastralgia and it may be entirely a reflex condition, although *we believe* that you have a case of dilation and atony of the stomach walls. Allow us to suggest this treatment. Limit fluids and put the man upon a dry diet, giving every three hours hydrastin, gr. 1-6, strychnine arsenate, gr. 1-67, quinine, one granule; just before eating two digestive granules (strychnine arsenate, gr. 1-134; quassin, gr. 1-12; papain, gr. 1-3), immediately after eating caroid and charcoal, one tablet and follow one hour later with five grains of the triple sulphocarbolates given in powder, with one-half glass of water. Have the patient lie upon his back and massage over the abdominal region with olive oil, taking up one-half hour each sitting. Of course the stomach should be empty at the time of operation.

Every third night hepatic (eclectic) (podophyllin, gr. 1-4; leptandrin, gr. 1-2; iridin, gr. 1-4; ext. nux vomica, gr. 1-16; powd. capsicum, gr. 1-3), two, and a small dose of saline taken in *very hot* water the first thing on rising every other morning.—Ed.

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QUERY 4657:—"Pregnancy." Married woman, age 27, about one year ago had induced labor at seventh month (forceps delivery), on account of albuminuria, convulsions, dyspnea, swelling of hands, feet, etc. No convulsions after delivery, but other symptoms continued unabated for two months. She could not sleep except sitting in a chair, and very little then. When sleeping had "most awful visions of all kinds of horrid things." There is no organic heart trouble. On going to a lower altitude, on an exclusive milk diet and alkaloidal treatment, improvement began and was rapid. The dyspnea came on three weeks after delivery. Her physician told her that she could never go to term in another pregnancy and live. She is now three months pregnant—is apparently well in all respects. Urine, acid, specific gravity, 1018; no sugar, no albumin; daily average amount 38 ounces; excretion of solids 752 grains daily; her weight is 107 pounds. The urine is clear and has but little deposit on standing. Urination causes slight burning or smarting sometimes. Bowels slightly inclined to constipation. This is the second pregnancy, the physician who attended her in the first now advises immediate abortion. I have advised waiting for symptoms calling for interference, and in the meantime treatment to avoid the necessity for it. She is on calcalith, salithia, and the anticonstipation granule. Will proper treatment be likely to succeed? What do you advise?

R. H. P., Colorado.

We think that the treatment you are giving this woman will unquestionably

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Fitz demolished an ambitious advocate of surgery in gastric cancer by citing the results at the Mass. General Hospital.

The worst diseases we have to fight are those of the whisky-drinkers.—*Am. Med.* Gould says some good things.

bring her through to term in good condition. We do not see why there should be any interference, but if we had a sample of her urine we could tell more about it. We do not understand that she has a contracted pelvis, and if she is passing the amount of urine you speak of, no sugar, no albumin, specific gravity 1018, and excretion of solids 752 grains daily, there seems to be absolutely no necessity for interference with the pregnancy. In fact, it will be mischievous to do so in our estimation, judging from the description you have given us.—ED.



QUERY 4658:—"Foot Pain." Widow, Irish, 40, never pregnant, family history good, personal history good. Habits exemplary, good circumstances. Nervous temperament, sandy hair. Trouble began about twenty years ago with sharp, stabbing pains in the fourth toe of one foot (she does not remember which one). The family doctor treated her locally and constitutionally but without help and finally they suggested an amputation of the toe, to which she had just made up her mind when the same toe on the other foot began to ache likewise. She refused to have both toes amputated, so changed doctors. Since then she has passed from doctor to doctor, taking all kinds of treatment from each, including regulars, homeopathists, osteopaths, quacks and patent medicine men. One man "cut into the toes," but she does not believe he "removed the nerves."

The pains have not spread to any other region or toes, but the last few years the attacks have been more excruciating. They come on generally about noon and last all afternoon and evening. Pains are relieved by removing her shoes. On examination during a pain nothing is visible, no swelling or redness, but on palpation a tender spot is found on the under surface of the toes, deep in the ball of the foot, on the side next to the great toe. She describes the pain as being



Philadelphia requires veterinarians to report all cases of infectious disease in man or other animals which they have knowledge of.

exactly like a throbbing toothache. I have not made a pelvic examination, but about ten years ago she took pelvic treatments from a very good man, for a displacement, but she says that she noticed no difference in the toe pains either before, during or after the treatments.

When she first came to me I applied guaiacol locally, which relieved the pain, but the odor is very offensive to her. Lately I have been trying the sinusoidal electric current (two cells) having her immerse the toes in water in which one pole is placed and applying the other to the spine, four minutes to the tip of the spine and five minutes up and down. As the spinal electrode passes over the lower lumbar and sacral regions it causes such pain that she can scarcely endure it. I have given her a treatment every other day for two weeks and during that time she has not had a single recurrence of the pain until yesterday, when it began before noon and caused her excruciating pain until evening. When I was called, gave another electrical treatment and the pain stopped.

F. E. M., Wisconsin.

The pain is clearly of local origin, and may be due to pinching of some sensitive structure—Morton's metatarsalgia, or to a corn. Don't laugh—the best foot-doctor we ever knew said if there were a locality on the human frame not liable to corns he had not found it. The relief following removal of the shoe is significant. Have her properly shod. But we are inclined to think it Morton's disease which is due to compression of the nerves between the metatarsal bones by improperly-fitting shoes. See that the footwear *fits* the foot, is sufficiently broad and the heel low, so that in walking the foot is not driven forward, as if a wedge.—ED.



QUERY 4659:—"Reflex Neurasthenia." The patient, a woman of thirty-eight,

The unknown struggles which go on in the hearts of some men and women are as great as the most famous of battles.

weight one hundred and twelve pounds, one child, complains of dizziness in head, throbbing in back of neck, and "faint spells." There was a ventral suspension of womb about six years ago, and now she complains of much pain in womb and a nervous twitching before menstruation, which is about normal. She is a woman in very comfortable circumstances and need have no worries, yet she has all the symptoms of over-wrought nerves. Would you recommend any of the so-called rest cures? I should have said the bowels are about normal and she is sleeping well. She is improving slightly under *macrotys* and *pulsatilla*, alternated with *cactus* and *scutellarin*. *Hemabalaids* as a tonic. Would you recommend any other treatment?

M. E. W., Ohio.

Just why the uterus, normally movable, should be rendered immovable by surgical means, we leave for the fee-hunters to explain; we do not approve it and are not surprised that trouble should follow. But you can sedate the uterus by the use of *macrotin* and *anemonin*, which she has already found beneficial; adding as synergists *cicutine hydrobromate* and even *gelseminine*; keeping the bowels clear and clean in the usual way, and reinforcing her vitality by digestants, and a well-arranged, nutritive diet. Iron *valerianate* a granule every waking hour, with two of *quassin* in solution before meals, would be useful. By these means you may and probably will afford relief without resorting to more surgery to amend the first.—Ed.



QUERY 4660:—"Uricacidemia: Pruritus." B. F., carpenter, born in Ireland, age 44, family history negative, no diseases of childhood; at age of ten he was kicked in the neck by a horse; small lump now on the back of the neck near the fourth cervical, left side. He had

typhoid nineteen years ago and made a good recovery. Present trouble came on two years ago; was diagnosed as *rhus poisoning*, hand swollen to elbows, face swollen. Eruption vesicular, itching intense. Then the same condition was found on the scrotum. The hands and face were sore for two weeks, on the face the right side only was affected. The scrotum has been a source of trouble since. The itching at times is intolerable. Comes on gradually; formication of thighs upper and hypogastric region. Growing thin and unable to sleep. Costive.

When an attack comes on can't see good. Feels weak; and if at night does not sleep at all. Appetite failing, but he is still out and working. Upon examination I found him thin, discouraged, no eruption on scrotum, left varicocle; reflexes slightly exaggerated. No signs of specific trouble. Heart normal, lungs normal; urine, specific gravity 1027, amber color, no albumin, no sugar.

W. B. R., Massachusetts.

The high specific gravity of the urine suggests diabetes, but no sugar was detected. Possibly the case may be one of those to which the designation *uricacidemia* has been applied. At any rate, the indications are to clear the bowels by an evening dose of *podophyllotoxin* to act on the liver, followed by a sufficiency of saline next morning; the alimentary canal to be disinfected by *sulphocarbolates* enough, and the diet to be strictly limited to the needs as to nitrogenous articles. Give him plenty of water to flush the emunctories, preferably taking it hot. For the itching let him take enough *pilocarpine* to cause sweating, as this has proved especially effective in many forms of pruritus from the presence of abnormal elements in the sweat. This is more scientific than simply seeking to smother the symptom by local means; but if these are necessary there is



Money is always forthcoming for our caprices; we only grudge the cost of things that are useful or necessary.

Ill-fortune may possess a majesty of its own, but society can belittle it and make it ridiculous by an epigram.

probably nothing as good as a lotion of phenol.—Ed.



QUERY 4661:—"Gonorrhea, Metritis and Gastric Complications." Female, age 27, married for nine years, no children. Gives history of gonorrheal infection a few months after marriage, contracted from her husband, inflammation extended to the uterus, tubes and ovaries, necessitating the removal of both ovaries about six years ago. At this time every month, she has violent attacks of pain in the pelvic region, intractable nausea and vomiting, violent headache, with constipation, reverse peristalsis to such an extent that there is sometime vomiting of fecal matter. Weak heart-action and pain extending up the left side under the shoulder blade. Altogether it is the most distressing case that has ever come under my observation. I have given her a degree of relief with phenobromate, gr. 5, strychnine arsenate, gr. 1-67, hyoscyamine 1-250, with hot foot baths, and if I could prevent the congestion of the pelvic viscera at the periods I think I could relieve to some extent.

R. T. B., Texas.

If there are any remains of the gonorrheal infection, as is likely, saturate her with arsenic and calcium sulphides for a month, by which time there will not be a solitary remaining gonococcus or any other microbe in her fluids or tissues. Three days preceding the monthly period begin with the powerful uterine sedative triad, gelseminine, cicutine hydrobromate and anemonin, giving one or two granules of each every hour till evident effect, which will probably be the drooping eyelids of gelseminine; then give less frequently so as to keep up some effect until the period has elapsed. These three all sedate the menstrual function, and aid each other in preventing the molimen—a shotgun to be sure, but as they synergize



Galbraith (*J. A. M. A.*) reports 50 consecutive pneumonias without a death; treated by quinine and iron.

we use them till we possess more accurate knowledge as to the specific powers of each.

For the gastroenteric irritability, make and keep the alimentary canal clear and clean; and sedate the stomach mucosa by cerium oxalate, gr. 1-6 every half or quarter hour till effect. The heart will probably require a tonic, cactus being our preference here.—Ed.



QUERY 4662:—"Whooping-Cough." How do you get the little ones to take your whooping-cough granules?

M. P. S., Kentucky.

The whooping-cough pill is easily taken by most children. It can be crushed and given in a little jam or jelly, put into some honey, swallowed with a teaspoonful of milk or water or flipped into the throat and some fluid given. It is one of the easiest things in the world, Doctor, to get the granules down the throat of a child, especially if they are given some little delicacy subsequently. We always carry in our case some of the menthol or clove tablets which we call "salt," and every time these little ones take the *real* granule they get a couple of the candy granules as a reward. Try this plan.—Ed.



QUERY 4663:—"Oral Ulcers." What is the best local treatment for ulceration of the mouth of a syphilitic?

S. H. H., West Virginia.

The best local treatment for ulceration of the mouth of a syphilitic is unquestionably to have it washed with H_2O_2 pure, swab with an alphozone solution and then insufflate aristol or euophen on the spot. The treatment must be frequent and the patient must be instructed

Galbraith looks on quinine as a heart tonic and an antiseptic; in pneumonia; his cases were not malarial.—*J. A. M. A.*

to protect the medicament from saliva for as many minutes as is possible. The means which he will have to take to this end will vary according to the location of the lesion. The writer has destroyed more than one syphilitic ulcer on the roof of the mouth and lips by cleansing as above stated and then painting with pure turpentine three times a day for a few days. The results are often remarkable. Constitutional treatment, of course, is as usual.—Ed.



QUERY 4664:—"Urethral Stricture." I have a patient who has a stricture about one inch from the meatus. I tried dilatation and mild or nonirritating injections; he has never had a venereal disease, is not dissipated, is a married man and has been for about thirty years; is fifty-three years old, stout and healthy, weighs one hundred and eighty-five pounds. Has to get up to urinate two or three times at night. Urine slightly acid, no pus or other discharge and never has had a discharge, though almost a continual smarting at meatus with some inflammation in meatus and lips. He has been in this condition sixteen months. I have used everything I ever heard of and still he is no better.

He sometimes has pains in spermatic cord on left side only; he had mumps on that side thirteen years ago and the testicle has been tender since. After straining at a hard stool he sometimes passes a little prostatic fluid. The prostate gland does not seem enlarged or sore; he urinates without trouble or pain. I can introduce a 24 French sound without much pain. My last treatment was anti-blennorrhagic granules and euarol. Do you think an operation necessary?

J. D. D., Arkansas.

The only way to cure stricture is to have an internal urethrotomy performed, that is to say this is the only step left if sounds fail. There is no question but

that this man has a hypertrophied prostate and massage through the rectal walls with the finger tip would unquestionably do good. Throw two drams of euarol into the rectum and massage the prostate with the finger tip through the "puddle" which this will form. Better cut that stricture at once, under cocaine anesthesia. After severing the stricture be sure and keep a catheter *en chemise* in the urethra for twelve hours.—Ed.



QUERY 4665:—"Pneumonia." I notice that you advise in pneumonia, aconitine, veratrine, digitalin, calomel, podophyllin, saline laxative, etc. Now what I want to know is, do you mean to say that all of these should be given at the same time, or should the aconitine, etc., be left off before giving the calomel, all of these to be left off before commencing with the zinc, etc.? I am trying to get ready to treat my next case of pneumonia according to alkaloidal method. By explaining you will greatly oblige.

J. I. T., Missouri.

In the treatment of pneumonia, aconitine, veratrine and digitalin are usually given in the granule listed as "the defer- vescent compound." They may, of course, be given separately, as described in the article which you quote, but for convenience of administration the compound granule is more desirable. This should be given "to effect," that is, when the pulse softens and becomes less rapid it should be kept in this state by the continued use of granules at longer intervals. When you are called to a case of pneumonia you should, of course, commence the administration of these remedies at once, *delaying for nothing*. At the same time you should commence with your laxatives, the calomel and podophyllin followed by the saline, repeated until



Galbraith gave 115 grains of quinine to one patient with pneumonia within one hour after his arrival at the hospital.—J. A. M. A.

Must we go on indefinitely accepting the impossibility of shortening pneumonias, or try for more practical results?—Galbraith.

the bowels are thoroughly cleaned out. Then you will give the sulphocarbolates to keep the intestinal canal in good condition, to prevent the formation of gas, etc. The defervescent is to be continued as long as there is any indication for their use, as shown by the character of the pulse and the height of the fever. In case the pulse is feeble, as in asthenic forms of pneumonia, instead of the "defervescent," use the "dosimetric trinity," in which strychnine arsenate replaces the veratrine.—Ed.



QUERY 4666:—"Coal Oil." I would like to ask you and your many readers to give me all the help you can upon the medicinal properties of coal oil. Also give formula to make an emulsion to conceal the taste of the oil.

M. C. R., Arkansas.

We shall be glad to submit this inquiry concerning the medicinal properties of coal oil to the readers of the CLINIC. There is one proprietary preparation, Angier's Petroleum Emulsion, which is largely used and is said to be excellent. Of course you understand that the "coal oil" used is not mere kerosene, but is a refined product and is more allied to liquid petrolatum. I believe the manufacturers claim that this oil facilitates the absorption of associated food products. Of course it is not absorbed itself. "Coal oil" is also used as a counterirritant and is often a very good one, as you doubtless know. It is a popular remedy for the destruction of head lice, etc. But we will see what the readers of the CLINIC have to suggest.—Ed.



QUERY 4667:—"Vascular Neurosis." I have on hand a case that I would like to have diagnosed. Woman fifty years

of age, had three children, one died with some cerebral disease at twelve years of age. Family history negative. German, been in this country about fifteen years. About twenty years ago she began to be troubled with cold hands, but this did not become really annoying until about two years ago. She has been treated during the past two years by two different physicians, and by all methods intaguable, judging by her story. I am not attempting to do anything for this trouble as I saw it incidentally while treating her for a small, irritable varicose ulcer of the leg which is healing. She had an ulcer near same spot fifteen years ago, again two years ago. The woman feels pretty well—only her hands are *ice cold* all the time, blue when exposed to the cold or put in water; after rubbing them and holding them over the fire they get *red* but *not* warm. She has good use of them, does her housework, knits, sews, etc. When they are blue they feel numb. What is it? If you can give me any light on this case I could be pleased greatly.

C. G. S., New York.

With the information we have at hand we should call this one of those obscure vascular neuroses to which it is hard to give a name, but which is certainly allied to Raynaud's disease or acroparesthesia—probably due to some functional or organic disturbance of the nerve centers. We make a mistake in many cases, by trying to give names to many of these obscure conditions. The essential thing is to correctly interpret the phenomena. Regarding treatment I would suggest that you try suprarenal. If we may believe Sajous, conditions of this kind are often due to the absence of this secretion. In addition to this the use of atropine to dilate the terminal arteries and used for a long time might be worth trying.—Ed.



Watching and waiting and expecting Nature to cure so formidable a disease as pneumonia does not impress me as rational.—Galbraith.

The Laws of Hammurabi, B. C. 2885, allow a surgeon ten shekels for operating on a rich man's eye, five for a poor man's.

QUERY 4668:—"Nasal Catarrh and Amenorrhea." A patient does not expectorate from coughing, but the infection seems to be from the posterior nares. Her coughing is perfectly dry and no *ralès* whatever, but the amount of pus from the posterior nares is wonderful, and when she sucks or inhales forcibly to draw the offending matter from the above, she does not have to cough in the least. Menstruation retarded, very anemic. Have been pushing sanguiferin and all other medications energetically. She seemingly would be perfectly well were it not for the amenorrhea and the large amount of pus from the posterior nasal cavity, and the slight chill of the morning; afternoons she feels real well. Am using ozone inhalations after dinner from static machine, and pyrophosphate of iron with sanguiferrin between meals.

G. H. M., Ohio.

Clean out the nasal cavities by a warm and mild antiseptic lotion; then to the cleansed surface apply *euarol* (*euophen* and *aristol* in oily solution), by a spray or with a dropping tube used as a syringe. Do this every day. This and the amenorrhea alike require the cure of anemia. If there is any evident cause for this, remove it. Make and keep the alimentary canal clear and clean—you well know how. Give iron phosphate and arsenate, a granule each every waking hour. Add intestinal antiseptics if the stools continue offensive; quinine arsenate a grain a day in divided doses if the chills continue. The raw blood foods are specially useful. Do not give direct emmenagogues, but wait till the woman has blood to spare.—Ed.

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QUERY 4669:—"Sterility, Torpid Liver and Gallstones." 1. A lady who has been on local treatment with *euarol* and taken *cornin* five granules before meals and at

bedtime and triple arsenates with *nuclein* three before meals, for *leucorrhœa*, is better; menstruation regular and she feels some stronger. Is still very nervous and not pregnant, which is the object of her treatment.

2. Young man, thirty-two, torpid liver. Has been on a vacation West and this, together with your treatment, has benefited him greatly. Stools almost normal and digestion still better. How long, if at all, will it be necessary for him to continue treatment?

3. I also have a lady with gallstones who has been taking sodium succinate and olive oil for two or three months with no benefit. She has attacks of pain every day and seems to be getting worse, passes great quantities of stones, size of pea and smaller.

F. H. U., Pennsylvania.

1. The woman in this instance may not be at fault. Have you examined the semen of the man? *Cornin* is not calculated to make a woman pregnant. In fact the writer has never prescribed *cornin* for the female, to the best of his knowledge. See to the cervical canal and dilate it if necessary. Correct malpositions of the uterus. It is quite possible that the *os uteri* tips upwards or sideways and so it becomes impossible for the spermatozoa to gain access to the uterus. How are you applying the *euarol*—swabbing the uterus, injecting it into the uterus, or applying it per tampon to the *os*? Give a good nervine every two hours, *scutellarin* and *cypripedin* of each four every three hours, and a uterine tonic morning, noon and night.

2. This man would probably be benefited by *bilein*, two tablets two hours after each meal. But no liver case can be permanently cured, except by correcting the habits that lead to the trouble—such

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Hammurabi's laws provided that if a surgeon caused the death of a slave he must supply another to his owner.

Hammurabi provided that if a surgeon caused the death of a rich man or lost his eye, the surgeon must lose a hand. Good idea.

as* over-eating and under-exercising, with neglect of regularity in going to stool.

3. The calculi she passes are derived from the oil, which is useless. Take 20 grains of succinate a day, with six granules of boldine, and continue a year, employing the great antispasmodic triad for paroxysms (glonoin, strychnine arsenate and hyoscyamine) adding dioscorein two granules every ten minutes. If this, with possibly a whiff of chloroform to aid, does not give complete relief, there is present one of those mechanical conditions that require surgical intervention.—Ed.



QUERY 4670:—"A Gynecological Difficulty." Miss P., a young woman now aged 25 years; menstruation commenced at the thirteenth year and was regular until the age of 20; then she noticed a "watery discharge" from the left breast. This lasted a short time, then it became bloody; this continues to the present day. There is *always* a little oozing of blood from the left breast, accompanied now with pain; occasionally there is the "watery discharge." One year ago she complained of severe pain in the right groin, and was "unwell" twice in the month. Pain became so severe that she sought medical aid and was told there was "displacement of the womb and inflammation of ovary." Treatment did not help her. One of our best gynecologists was brought in and five months ago he curetted, since which time she has scarcely had one day free from slight uterine hemorrhage with pain, and pain and oozing of blood from the left breast. The lungs are healthy; heart sounds weak, pulse small, irregular, 75. She is constipated. Can I cure her with drugs?

J. M., Ireland.

We have to acknowledge that we are "up a tree." Perhaps if we had that

woman on a table with a speculum *in situ* and half an hour before us in which to make an examination we might, at the end of that time form a diagnosis which would be worth having. As it is we can only say that the hemorrhage and watery discharge from the breast is one of those peculiar reflex phenomena which we occasionally see in uterine disease. The uterine hemorrhage may be due to any one of various causes. There may be a fibroma; there may be polypi and there may be a fungous endometritis—who can tell? Even the possibility of malignancy should not be forgotten. On the other hand the condition may be remediable. The constipation should be corrected, the uterus should be swabbed out with euarol (after, perhaps, a thorough douching with H₂O₂ one part, sterilized water one part) and, internally, that girl should take a good uterine tonic, triple arsenates with nuclein after each meal, and ergotin, gr. 1-6, atropine, gr. 1-500 (or hyoscyamine) and hydrastine, gr. 1-6 every three hours. You will find that the constipation will be relieved by giving from three to six anticonstipation granules, aiding, if necessary, with aloin, one or two granules after meals. Salines (in hot water) every morning on an empty stomach.—Ed.



QUERY 4671:—"Wart on Scar Tissue." I am 62 years old. At the age of five I had necrosis of the tibia and the main shaft of the bone was removed; not affecting the joints and the periosteum being partially preserved, it threw out new bone from above and below, but did not unite into a solid bone—but formed a cartilaginous joint.

Over this joint, or point of non-union is an extensive scar and on July last, a small wart made its appearance on this



Plague has appeared among the Ural Cosacks. This item will not cause much grief among Russians in general.

The question of national physical degeneration in Great Britain is being warmly discussed; with widely divergent views.

scar, and has persistently refused to "down" so far, but has grown continually under any and all treatment that I have given it. I have tried caustics and pyrogallol, but having to use the limb continually, the pyrogallol ointment would irritate the adjacent parts so much that I gave it up and am now simply keeping it softened by a daily application of castor oil, which not only enables me to go about my business, but appears to retard growth as much as anything I have used.

Will you tell me the best way to get rid of this growth? It is now about one-fourth inch wide and a half-inch long, elevated one-eighth of an inch and crusts over every day; it is superficial and easily movable.

B. H., Washington.

We would suggest that the wisest thing to do is to have the wart excised. A growth of this kind which continues to increase in size in spite of any treatment, should be regarded with suspicion. It is in all probability benign, but the safest thing to do is to get rid of it at once while there is still no danger. By spraying the part with ethyl chloride it can be anesthetized so that the little operation will be painless. There is a bare possibility of its being a keloid, a peculiar fibrous tumor, which is peculiarly prone to develop on scar tissue. You will find it fully described in your text-books. Keloids, while entirely harmless, are likely to return after excision, and perhaps are better treated by electrolysis.—ED.

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QUERY 4672:—"Investments." A Chicago firm has solicited me to send them money for investment, claiming to be safe and reliable, with unusual opportunities for making large profits. Do you consider the firm trustworthy? Would you entrust them your own money? Their offers are tempting, and

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Infantile mortality is very high in Manchester, England, but comparatively low in the Jewish quarter, if mothers nurse their children.

we who have but little to invest naturally like to realize as largely as possible.

E. L. B., Maine.

We have made diligent inquiry in regard to the firm you mention, and can find no trace of them in the business directories of the city or in the knowledge of prominent men in the same line of business. We would therefore advise you not to entrust them with any money.

Some time since we were solicited to invest in an oil company that was going to put the Bank of England out of business when its wells struck bottom. We did not invest; but some poor working girls did. One of them got uneasy because she did not hear of any dividends, and wrote for information. She received a reply stating that the wells had not succeeded, and a ten per cent assessment had been made on the stockholders; but so few of them responded that the company had wound up. No notice of assessment or subsequent action had been received by any of the stockholders here. One of the three promoters, evidently foreseeing the failure, had thought it a pity to put so much good money into a valueless well, and had invested all that came to his hands in a Western stock farm, which at last accounts was doing very well. What the other two did with theirs is not known.

Make your investments in enterprises of which you know personally. If you know no one at home in whose probity and capacity you have confidence, do not imagine you will find these qualities more easily among strangers. If you are young enough, take your money South and buy land; or invest in any enterprise *you yourself understand and can manage successfully*. Until you can do this, stick to the savings banks.—ED.

The next meeting of the American Anti-Tuberculosis League will be held in Atlanta, Ga., April 17-19. Better go.

QUERY 4673:—"After Quitting Morphine." Two years ago I placed myself under a physician who had studied your treatment of drug habits, and in about three months I came out fine. Then I went to work, got weak, and now find it almost impossible to pick up. It is an effort to move much. I have had paralysis of the right side since last August, can walk now almost normally, articulation difficult, but am now improving fast. No venereal disease ever. At 54 years I ought to recover, but I do not seem to regain strength or vigor. I am not touching morphine or any narcotic; have no desire for them; am taking a tonic of nux and phosphorus, with cod-liver oil and hypophosphites; with such good food as eggs, steak, oatmeal, etc. I am doing little work, and use once a day the galvanic current. My appetite is good, bowels regular, no aches or pains. If you can lay your finger on the suffering point please do so. I am sick of feeling as if eighty.

X. Z., New Hampshire.

We remember quite well our former correspondence, and would like to grasp your hand in warm congratulation, feeling an appreciation of the strong resolution displayed by a man of your age in plucking himself out of this frightful quicksand.

In regard to your present condition, we are strongly inclined to look on the trouble as due to two causes: First, autotoxemia, and second, although this is the cause of the first, that sluggishness with which the vital functions are performed when deprived of their customary stimulant. Please, Doctor, whenever you are feeling badly take your temperature. Beware of a subnormal temperature. Take podophyllotoxin granules, gr. 1-67 each, two at bedtime. Increase the dose if this does not produce characteristic stools in the morning. Next comes

nuclein solution, of which you should drop ten drops upon your tongue, allowing it to be absorbed from the mouth as much as possible, three times a day. Third, strychnine valerianate granules, gr. 1-67 each. Of these take enough to impart normal tone to your relaxed tissues; five granules four times a day being an average dose; but you may require much more than this, or much less.

Begin with a granule every half to one hour, and continue until effects are manifest, then take in the same way, or for mere convenience divide the required daily dose into four portions, taken in solution before meals and on going to bed.

There is one more word to say, and a very important one. Few habitues, even physicians, realize the power of suggestion in this habit. Erlenmeyer wisely advises to change even the furniture of the room; for the habit of going to a certain drawer for the morphine will arouse the recollection of it, whenever chance leads you in that direction. Change everything that was associated with the drug; your home and furniture, etc. Keep up elimination, and tone, scrupulously. A change to another part of the country would be wise; especially to the warmer South.—ED.



QUERY 4674:—"Malnutrition in Infant." Last May we had a case of confinement (primipara, instrumental) which was followed by mammary abscess; pus deep in and below gland. The babe had to be bottle-fed. A lady friend whose babe was about the same age nursed our little patient for some three weeks. The improvement was marked, but the parents concluded to have mother and babe spend the summer at the home of its grandparents in the western part of this



The students in a medical college have been devising means to get rid of the "antiquated teaching" in some branches.

Students in a medical college claim that in one branch second year men are better "up" than their Professor. Who is it?

state. Being abundantly able there was nothing skilful physicians could direct that was not done. The greatest difficulty is in the fact that all forms of milk are apparently poisons to its stomach. Recently they returned home, the babe 1-4 pound heavier in weight than when it was born; at seven months it weighs $7\frac{3}{4}$ pounds. I find they feed it toast water and bovine at one feeding and Mellen's food and water. They are away up to thirty drops of bovine. They believe that the child receives more strength from this bovine than from anything else they give it. It was evident the dose of bovine was too large as it caused diarrhea. The last time they used milk the result was so disastrous the mother declared she could not use it again. By showing her the importance of such food she agreed to cut down bovine to 10 to 15 drops to prepare lamb's broth and give it and Mellen's food; to continue toast water if they wished. I urged them to procure some good fresh cream, diluted with water, properly sweeten and give a few spoonfuls between each bottle of the other food, to learn its effects and if evil occurred to suspend. I gave nuclein, also brucine and occasionally hyoscyamine. The babe's stomach does not give trouble from vomiting lately, and there is no considerable suffering except what appears to be from hunger. While almost skin and bone, nevertheless its eyes are bright; it will notice and laugh at times. Its bowels are pained when the casein curds are passing, but comparatively painless when the food does not cause trouble. If you can give me a suggestion or two I will be most thankful. Start this baby on the way to health.

A. H. H., Ohio.

Send to the Cereo Co., Tappan, New York, and get a bottle of Cereo. Now prepare barley gruel or plain wheat flour gruel according to the instructions accompanying the Cereo, adding the slightest quantity of cream. After a few days gradually increase as the stomach tol-

erates the addition. Five drops of the bovine three times a day at the mid-hour between feedings will be ample. This should be dropped on the tongue and allowed to be absorbed and great pains should be taken to see that the bottle, neck, cork and dropper are kept scrupulously clean. You can readily realize that deposits around the neck of the bottle may become a fertile field for germ production and the next dose poured from the bottle passes these germs into the baby's stomach, hence the diarrhea. Into a glass of water drop a tablet of the sulphocarbolates, sweeten slightly and give a teaspoonful or two half an hour before and one hour after feeding. Wash out the bowel with warm saline solution every three or four days and stop every other medication with the exception of nuclein solution. Of this give two to four drops on the tongue morning and night.

Every child is a law unto itself as regards its food and sometimes we are simply compelled to use the food we find agrees best without knowing why, but I would rub this child from head to foot with hot cod-liver oil every day.—ED.

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QUERY 4675:—"Ergotin." "Tufnell's Method in Aneurism." I want some ergotin to use hypodermically to lower the blood pressure. What is the proper-sized dose for that and what is the best form? Have you a better method of treating an aneurism of the abdominal aorta than "Tufnell's method," combined with hypodermic injections of ergotin?

W. R. T., Nebraska.

We would give it as our opinion that Tufnell's method is satisfactory—that is, as far as it goes. Dry diet and perfect rest are decidedly beneficial. The diet-

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Hairpins have served as female catheters, probes, tenacula, drains, retractors, harelip pins, specula, etc.

"Don't you feel the South a-calling," with the thermometer at 15 below this morning, and a non-resident janitor?

ing must be continued till signs of reduction in the size of the sac are evident. The use of ergotin is in our opinion absolutely contraindicated. You cannot possibly lower blood-pressure by the use of ergotin. Veratrine or even aconitine are of service and you will find that calcium iodized will give you better results than iodide of potassium. The latter has to be given in large doses and soon disturbs nutrition. The use of gelatin has proven a failure in this country as has the placing of silver wire. Scratching of the internal wall of sac is simple and has given results. But after all the condition defies treatment. Heroin is useful to relieve pain. Glonoin relieves the cyanosis.—ED.



QUERY 4676:—"Autotoxemia; Pulse and Temperature in Typhoid." I. Mrs. H., age 26, married, two children, weight 165 pounds, has constipation to some extent; belches a good deal, a hearty eater, has peculiar "weak spells." Can't say what she tries to do while spell is on; conscious all the time, pulse very fast at the time, headache worse then and belches freely at the time; over in a little time—few minutes. Spells occur irregularly, sometimes daily, but at times two or three months intervene between spells. She has been in this condition for twelve or thirteen years; no worse now than before. Diagnosis and treatment wanted.

2. Kindly state your treatment of typhoid fever briefly. How rapid pulse in typhoid fever, temperature 101-103 could you feel safe in, outside limit of safety in young adult?

J. E. H., Texas.

1. Relieve the bowels by the use of the anti-constipation granule, given in strict accordance with the directions. Add one granule of physostigmine three times a

day on account of the gas. Regulate her diet also and give her when the spells occur some granules of capsicum, of which she can take one every five minutes until relieved, chewing the first one up and following ones dissolved in a little hot water.

2. It is impossible to give our treatment of typhoid fever in the brief space at our disposal. It is too important to trim down to the extent this would render necessary. You had better send for one or more volumes of American Alkalometry. The cost is only a trifle and you get not only our views, but those of others and plenty of reports from the clinical application of our principles.—ED.



QUERY 4677:—"Indurated Mammary Gland." About two months ago there appeared a slight induration and tenderness in the upper part of the left breast of my wife. It does not appear to enlarge any but is slightly more tender, yet giving no pain except when touched with unusual pressure. She appears to be in perfect health, occasionally having a slight prolapsus of the uterus, and occasionally a little tenderness. No ulceration or granulation. She is 44 years of age, married at 28. Two children, but only nursed each about three months. Breasts are firm, not large, and do not hang or "sag."

Nearly always regular with menstruation, 28 days, occasionally may be several days too soon, from no apparent cause. She is 5 feet 2 inches tall, weight 137, dark brown hair, blue eyes, rugged and feels perfectly well, not appearing to be over 35. Five years since last pregnancy. Would you suspect cancer? Give me your advice and treatment.

W. M. B., Idaho.

In this case I would rely upon a single remedy. Give phytolaccin, one gran-



There is something invigorating in the keen, cold air of Chicago; that makes it delightful even in midwinter.

In rheumatism, hot antiphlogistine applied locally and properly covered will often add greatly to the patient's comfort.

ule every two hours while the patient is awake, gradually raising the dose to the full limit of toleration and keeping it there. Keep the bowels clear and aseptic and do not allow any irritation of the affected parts.—ED.



QUERY 4678:—"Rheumatism of Hands." I should like to know what you would recommend for rheumatism of the joints of the fingers and hands in a young woman 35 years of age, which has persisted in spite of all treatment for some time.

S. C. B., Pennsylvania.

A saline, one teaspoonful every morning, in a glass of hot water and calcium carbonate compound, one three times daily with macrotin one and bryonin one granule. Have the hands bathed twice daily in a solution of epsom salt (saturated) and one hour after each meal give five grains of the sulphocarbolates; crush the tablet and give it with one-half glass of water. Keep the bowels open with calomel and iridin, one granule of each, podophyllin grain 1-6 and leptandrin grain 1-6, half-hourly for three doses from eight p. m., two or three times a week.

In the first place I am by no means sure that this is rheumatism. It does not look like it, but if it be this the principles of treatment are those laid down in other cases among these queries. You are never wrong in applying the principles which underlie all treatment, namely, putting the alimentary canal in order so as to stop autotoxemia, regulating the personal hygiene and curing every source of reflex irritability you can find. Other treatment must wait for a more definite diagnosis.—ED.



It is very necessary that an exact knowledge of drugs should be possessed by every man to be a successful practitioner.—Brunton.

QUERY 4679:—"A 'Specific' for Asthma." Is there any "specific for asthma? If so, I should like to know what it is. One of my helpers had an attack of asthma today. I gave calcium iodized, of course, but it had no effect. I gave her eight doses of my lung balsam and iodide of potash and just got some relief so I could send her home at 7 p. m. C. G. C., Ohio.

There can be no "specific" for asthma, Doctor, for the simple reason that asthma is a symptom of some other more important disease. It may be bronchial, cardiac or nervous. The spasms in each case, however, are usually promptly checked by administering one granule each of glonoin, apomorphine, strychnine and hyoscyamine every fifteen minutes in a little hot water.

Glonoin very quickly relaxes spasms. Hyoscyamine prolongs this effect. Strychnine imparts the nervous control the lack of which permits spasm to occur. Apomorphine powerfully stimulates mucous secretion in the bronchial tract. These remedies act well together and are intended for the paroxysm. In the intervals the general condition must be considered and most frequently this means that we must clear the alimentary canal and render it aseptic, so regulating the food as to avoid the occurrence of that condition which is popularly termed uricemia. Local disease in the nasal tract and other sources of reflex irritability are to be detected and removed.—ED.



QUERY 4680:—"Physiological Salts." Kindly inform me in THE ALKALOIDAL CLINIC what you understand by "physiological salts" and "physiological earths." The physiological salts have a taste like sodium chloride and the earths look like powdered pumice stone and

Belladonna has a marked tendency to fix on peripheral ends of nerves going to glands and involuntary fiber.—Brunton.

taste like a mixture of pumice stone and sugar of milk with a slight flavor. Both preparations were handed to me for my opinion.

F. K., New York.

If you will address Boericke & Runyon, 5th Ave., New York City, you will be able to get all the available information about the "physiological tissue salts" as they are termed by a certain school of physicians. The homeopaths are inclined to use the tissue salts (nine of them) to a considerable extent. Natrum, ferrum, magnesium, calcium, silica, etc., are the chief ones in the list, but of late some Michigander states that he has discovered several others (if we are not mistaken he lists twenty-six) and each and every one of them is supposedly present in the human body in certain proportion and all disease is due to some disturbance in their proportion; find out which "tissue salt" is lacking and supply it and you remedy the condition. That, roughly, is the theory—or rather the base of the theory which Scheussler elaborated. A rather interesting book written by him and published by Boericke & Runyon contains all the information upon the subject and gives a detailed list of the indications for exhibition of the "tissue remedies."

Our objection to the tissue remedies is that the ordinary food taken every day by every human being contains infinitely larger amounts of these salts than are admitted in the remedies. When you hear reports detailing results coming from a millionth of a grain of a substance given as a remedy when the patient has taken any number of grains of the same thing as food, you will not fail long in crediting the results to suggestion.—Ed.

QUERY 4681:—"Pyclitis." I send urine for analysis, passed by a young man who has been treated by three or four different physicians. Widower, age 28, weight 145 pounds. Taken sick last May with a hard aching in region of bladder which gradually changed to small of back. A physician gave him a hypodermic of morphine and he went to work the next day. He was taken sick the following month with the same symptoms as above and some fever, etc. Said he was in bed four months. He was then treated by another physician for three months, during part of which time he walked up town. He came under my care two weeks ago. He does not look very much like a sick man, except that he is slightly pale. He has only lost about ten pounds in weight. Tongue slightly coated white, pulse 80, temperature normal. Said he could not *walk around or sit up* as it made his back sore in the region of the kidneys. Never passed blood or had pain in testicle. Bowels normal in action. No flatulence or scarcely any tenderness over abdomen. I had him walk some one day. The next he remained in bed, stating that he could not stand it to sit up or walk around as his back had begun to get sore again. Probably has a little indigestion at times. Says he can not sleep well at night. Has what he calls "nervous spells"; can't sleep and just feels miserable—has headache, does not know how to tell how he feels, except "miserable." I do not know what his trouble is. I cannot arrive at a diagnosis. I have examined him carefully. The other physicians could not understand why he did not get well. Neither can I. He had gonorrhea three or four years ago. No discharge now. No apparent soreness in region of kidneys. I am giving him mercury and nux vomica.

A. H. J., Indiana.

The report of our pathologist shows pus is present, albumin absent, sugar absent but bile exists. Specific gravity is very low. Now, Doctor, taking all the



The effect produced by a drug depends to a large extent upon the dose of the drug and the tissue it selects for first attack.—Brunton.

Curare injected under the skin or into the veins goes to the motor nerve-ends and paralyzes them; even killing.—Brunton.

circumstances into consideration, we should consider this a case of pyelitis.

In this case I would advise the use of arbutin, grain 1-6 every two hours, except when asleep, gradually raising the doses to one grain each if relief does not ensue sooner. Continue the drug for at least a month before you decide against it. Keep the bowels clear with a morning dose of saline laxative and colchicine. The presence of bile in the urine calls for the use of a special remedy and for this I would advise boldine, a granule seven times a day, it having proved quite effective in cases where reabsorption of bile has occurred.—Ed.



QUERY 4682:—"Urticaria Following Calcium Iodized." I have seen calcidin save two babies lately. One developed an urticaria the day following. Is this common?

H. W. G., Pennsylvania.

No, urticaria following the administration of calcium iodized is not common, and we doubt very much whether it was the primary cause of the eruption in this case—it was much more likely due to intestinal fermentation. However, it is possible that like other iodine preparations it might cause such phenomena in isolated instances. So far it seems to be the one preparation of iodine which is absolutely free from the unpleasant after effects of that drug and the synthetics.—Ed.



QUERY 4683:—"Vomiting of Pregnancy." Woman, eight weeks pregnant, has constant vomiting. What would you recommend?

F. E. W., Illinois.

The treatment which will cure one woman will not cure the next. We have



Curare taken into the stomach is excreted by the kidneys as fast as absorbed by the stomach and has no effect.—Brunton.

had success in curing such cases after everything else had failed and everybody had given them up by the following simple treatment: The woman should remain in bed and somebody should bring her in the morning a cup of coffee, tea or milk as hot as can be swallowed which she should drink *through a bent tube in the recumbent position*. This is important. She should lie perfectly quiet for at least thirty minutes subsequently, then she may arise. Five minutes before rising let her take bismuth subnitrate two grains; cerium oxalate one grain and cocaine hydrochlorate, gr. 1-12 to 1-20; begin with the smaller quantity and increase if it is necessary. The abdomen should be gently supported with a belt, the bowels kept freely open by the use of salines and every precaution taken to keep the woman in as general good health as is possible. In the few cases in which this fails you will find orexine tannate in doses of five grains every three or four hours invaluable. Merck supplies orexoids which are very satisfactory indeed, each containing the proper dosage. Another excellent preparation is validol; fifteen to thirty drops may be given on sugar three or four times daily, but this does not apply so much to morning sickness only as to general vomiting. Try very small doses of hyoscyamine, 1-1000 of a grain every three hours, if it becomes necessary to change treatment from the one we have laid down. The first measures are the ones that are nearly always successful. Impress upon the patient the fact that it will cure her. Do not change the treatment if she should vomit the next day after it is started, but continue and you will win out.—Ed.

That indolent ulcer will surprise you if dressed once a day with antiphlogistine.

THE RECRUITING FIELD OF THE GREAT WHITE PLAGUE.

LA GRIPPE: ITS ALKALOIDAL TREATMENT.

BY W. C. ABBOTT, M. D.

AS USUAL we have had and shall doubtless still have many and unpleasant experiences with epidemic catarrh before the spring weather puts a stop to its ravages for another six months. None too rapidly the serious character of this disease is being recognized and we no longer speak lightly of a case of true la grippe. None too soon, either, has the fact been realized that the coal-tars are the worst possible remedies to use in this disease, except perhaps for immediate relief in some cases in which the importance of the exigency outweighs the danger and the damage that may be done. It is with the idea of impressing these two points more forcibly that we thus call attention to them and what we believe to be the rational method of treating influenza of the epidemic variety.

It may be accepted as a maxim that where the bacillus of Pfeiffer has gained access, there, subsequently, is a suitable field for the tubercle bacilli. We are aware of the frequency with which pneumonia, pleurisy, neuritis, cardiac neuroses and pericarditis follow la grippe; indeed it is the aftermath which is the most to be dreaded and proves most fatal. But do we realize just how frequently the la grippe patient becomes a phthisical subject? Those who have had the widest clinical experience and have been able to follow their cases most closely know that the proportion is fearfully great.

We cannot divest ourselves of the feeling that the treatment generally fol-

lowed has more than a little to do with this state of affairs and we have reasons for so thinking. La grippe weakens the entire system; it affects particularly the cells and mucosa of the respiratory tract. The toxins generated invade the bloodstream (greatly to the detriment of the vital fluids) and it is safe to say that after a severe spell of influenza every organ of the body is more or less damaged. Yet the patient in this condition is too often filled with opiates and antipyretics; the symptoms are smothered and systemic apathy encouraged so that the victim, because he feels less acutely ill, may deem himself first "better" then "well," while the truth of the matter is that he has never been so dangerously sick as at the moment of his discharge.

Anemic, with low vitality, toxin-laden and functioning fifty per cent below normal the "cured" grippe patient is apt to fall a victim to any or every disease; at any rate is prone to and usually does relapse repeatedly, and when a patient has relapsing grip, look out. Hence, undoubtedly the large number of fatalities which are attributed to post-grippal "complications." The bacillus of Pfeiffer is not so deadly a germ in itself but it prepares the field for other and more dangerous invaders in mixed infections and it becomes the business of the physician to recognize this fact and counteract the condition.

To start at the beginning, the man or woman who falls a prey to grip is, in nine cases of ten, generally "out of kilter." The first thing to do with such a



There can be no doubt but that absorption through the unbroken skin of substances mixed with fats takes place.—Brunton.

Gradual decrease in the small lymphocyte count, and continuous low count, form unfavorable prognoses.—Holmes, *J. A. M. A.*

patient is to render him as nearly normal as may be. He must be cleaned out; elimination must be stimulated and every function must receive attention. Renal and hepatic torpidity is almost invariably present and a blood-count will reveal a marked decrease of the red cells. An examination will disclose various disorders of the urinary chemistry and the exhibition of proper remedies will make it evident that the intestinal tract is teeming with waste toxin-producing matter. To relieve the fever of such a case with antipyrin or to ease the distress with morphine or codeine, and do nothing else, is to commit a serious error. Even the salicylates are out of place save in small doses and as a minor remedy.

The proper treatment of grip is, roughly speaking, as follows: As early as may be, administer a mild mercurial (blue mass one grain or calomel gr. 1-3) every hour until four doses have been taken. The addition to each dose of leptandrin and podophyllin (gr. 1-6 of each) will give better results. One hour after the last dose give a saline draught and repeat this in three hours. You will be astonished at the amount and character of the stools. From the first, exhibit hourly or oftener according to symptoms small doses of aconitine, digitalin and strychnine, adding quinine salicylate, gr. 1-6, to each dose. As soon as the bowels have moved freely the hyperpyrexia will cease to be a feature and the aconitine may be withdrawn. Nuclein in ten-drop doses should be given every four hours and (after the bowels have acted) at least fifteen grains of the sulphocarbolates at the same intervals. Fever being reduced, bowels empty, and in the process of being rendered aseptic the digitalin may be changed for cactin

or the patient receive cactin one, quinine salicylate one and strychnine arsenate one (gr. 1-67) every three hours.

At this stage the specific catarrhal and toxemic conditions should receive attention. Calcium sulphide gr. 1-6 is given hourly, calcidin gr. 1-3 being added to every other dose. This medication with morning and evening saline draughts is continued till all distinctive symptoms have ceased—usually on the third day. If each night one hour before retiring a dram of sweet spirit of niter is exhibited with a glass of cold water, results are better. Nourishment must be of concentrated and fluid form, a little being given often. The patient must remain in a room at 70° F., and should receive a warm sponge bath daily. If an enema is given the first night, so much the better. The mouth and nares should be washed out frequently with a mild alkaline antiseptic solution and the nares swabbed with carbolated vaseline.

The acute stage over, place the patient upon calcidin in tablet, hydrastin one granule and quassin two, these things being taken one hour before meals; after eating order two triple arsenates with nuclein, and morning and night ten drops of the latter absorbed from the buccal mucosa. Thrice weekly have a saline taken on rising and the night prior some mild cathartic—the aloin, atropine and cascara compound is excellent. If there are signs of cardiac weakness cactin may be added to the before-meals medication. La grippe patients treated by this method recover promptly and enter the convalescent stage in the very best of condition.

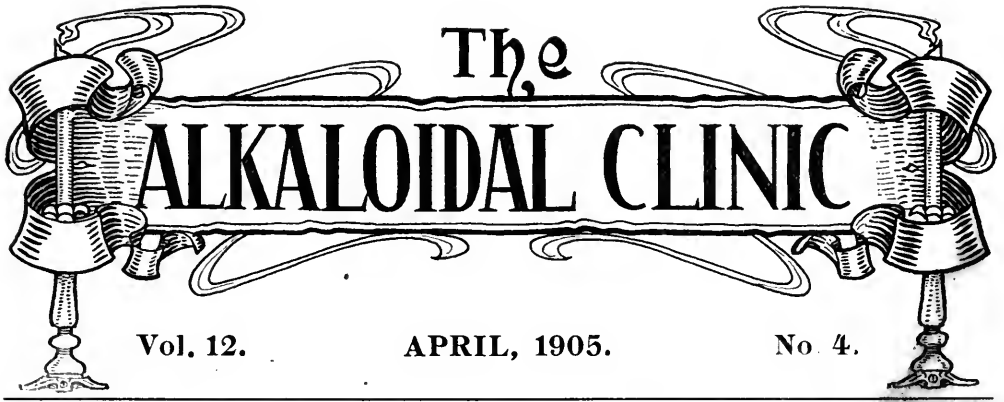
Be sure your grip patients are well, genuinely well before you discharge them.

Chicago, Ill.



A prevailing now small lymphocyte count with occasional rises, shows some effort at convalescence, bad outlook.—Holmes, *J. A. M. A.*

Gradual increase in small lymphocyte count with interruptions, shows an uncertain convalescence.—Holmes, *J. A. M. A.*



HEPATIC INSUFFICIENCY: AUTOINFECTION — CAUSES, SYMPTOMS, TREATMENT.

THE ACTIVE PRINCIPLE OF BILE AND THE ROLE IT PLAYS.

BY W. C. ABBOTT, M. D.

PART V. THE ROLE OF THE BILE ACIDS IN THE BLOOD AND IN THE LIVER.

IN my previous article I showed that the bile-acids perform what may be called an *intermediary circulation* from the bowel back to the bowel, traveling through the blood and lymph-stream to the liver and thence in the bile to the intestine. This fact was deduced from four observations, viz.: (1) that only a fraction of the bile-acids that are poured from the liver appear in stools; (2) that bile acids given by mouth reappear in the bile (as observed in animals and human subjects with biliary fistulæ); (3) that the lymph of the thoracic duct always contains bile-acids; (4) that the leucocytes of the blood also carry bile-acids.

From this observation comes the self-evident conclusion that the bile-acids are not an excretory product but a *secretion* of the liver that is so valuable that it is used over and over again. That the bile-acids perform a variety of important functions in the bowel was set forth in Part IV of this article; it remains to be

shown what functions the bile-acids can perform while *en route* from the bowel *via* the blood and lymph-stream to the biliary channels of the liver.

From toxicological studies we know that bile acids or their salts can exercise the following nine effects upon the blood, the cardio-vascular apparatus and the nervous centres (quoted from Croftan: "Some Experiments on the Intermediary Circulation of the Bile Acids."—*Am. Journal of Med. Sciences*, Jan., 1902).

1. They have a powerful cytolytic action. Injected even in small doses they produce a wide-spread disintegration of the red blood-corpuscles, with a liberation of their hemoglobin; brought in contact with other cells of the body they cause their disintegration.

2. They have a distinct cholagogue action—are, in fact, the only substances known to possess this power, and actually cause an increased flow of bile.

3. They aid coagulation in small doses (1:500).

4. They stop coagulation in large doses (1:250 and over).

5. They slow the heart-beat by a direct action on the heart-muscle and the cardiac ganglia.

6. They act as vasodilators in very small doses.

7. They act as vasoconstrictors in large doses.

8. They reduce motor and sensory irritability.

9. They act on the higher cerebral centers, causing coma and stupor.

Many of these effects, it must be remembered, however, are only produced when the bile-acids or their salts are forced into the circulation in large doses by direct intravenous injection. Normally only very minute quantities of these bodies are found circulating, so minute, in fact, that for many years after the intermediary circulation of the bile-acids was postulated *a priori*, chemists failed to actually demonstrate their presence in the blood. The reason for this was made apparent by Croftan (l. c.) who showed that the bile-acids never occur free in the serum, but are always carried by the leucocytes (white cells) of the blood. The latter harbor these substances in a harmless form and carry them safely through the blood-stream, liberating only so much of the bile-acids at a time as is needed to produce the effect that they are capable of exercising.

In the small doses, then, in which bile-acids are normally liberated in the blood-stream they can only exercise effects 1, 2, 3 and 6 of the above series, viz., they aid in the normal destruction of blood cells, chiefly red-blood corpuscles; they

act as a distinct stimulant to the flow of bile; they aid in the coagulation of the blood; they play an important role in the mechanism of vasoconstriction and vasodilation.

Inversely, deficiency of bile-acids from the bowel, and hence from the circulating blood, must seriously interfere with the normal exercise of these four functions. In the first place dead blood-corpuscles (chiefly red ones, carrying hemoglobin that clamors for liberation) undergo slower disintegration than normally so that the spleen and the finer capillaries become choked and occluded; this leads to a variety of disturbances that are self-evident; also to changes in the character of the bile-pigments and hence of the physical constitution of the bile; for the formation of normal bile pigments is dependent on the liberation and proper disintegration of the hemoglobin that is freed from dead red-blood corpuscles.

The result of these changes in the bile is viscosity of the contents of the bile-channels and gall-bladder, stagnation and backing-up of bile, and hepatic insufficiency. Here then, is a vicious circle, viz.: The insufficiency of the liver-cells (due to any one of the many causes I have enumerated) causes a deficiency of bile-acids in the bowel and hence in the blood, this interferes with the normal disintegration of red cells and the liberation of hemoglobin; and as a result of all this we witness changes in the bile, stasis in the bile channels, pressure on the liver-cells and consequently further interference with their function—hepatic insufficiency. How important it is in such cases to supply the bile-acids by mouth, that the liver is unable to properly secrete!

In the second place absence of bile-



If a drug be given in solid form it must be dissolved before it can pass into the circulation; some never are.—Brunton.

Bodies passed in the feces proved to be pills which had been given three months before; the expected effect had been wanting.

acids from the bowel, and hence from the blood, deprives the liver, as I have stated, of the most efficient, possibly the only *real* cholagogue that we possess. It appears that the bile-acids are the chief physiological stimulant of the liver cells—in certain directions. While there is no evidence to show that the administration of bile-acids stimulates the urea- or uric-acid forming function or the glyco-genic function (i. e., the function of the liver to convert sugars into starch glycogen and to store it as such for future use), there is abundant evidence to prove that the bile-acids are capable of stimulating a colossal flow of bile and, by implication, of bile-pigments and bile-acids.

What a wonderful and highly-effective process this is, that the product of a cell can stimulate the same cell to manufacture more;—we have in this intermediary circulation of the bile-acids a self-regulating mechanism that responds automatically to the varying calls of supply and demand, that reduces the production of a most valuable secretion to the lowest efficient minimum and wastes nothing. We have many analogous processes in the body.

Again, we see, that the supplying of bile-acids, should they become insufficient to stimulate their own formation, is a therapeutic procedure of the greatest value and one that is altogether rational; and we also see that unless this step is taken, a second vicious circle, similar to the one described above, is created, in the sense, namely, that deficiency of bile-acids again changes the character of the bile, from lack of cholagogue stimulation, causes viscosity, stasis, compression of liver cells and further interference with their func-

tions, in other words, hepatic insufficiency.

Lastly we see that absence of circulating bile-acids profoundly disturbs the finer mechanism of vasoconstriction and vasodilatation. When we consider that the blood-pressure is directly dependent upon the caliber of the peripheral arterioles and capillaries, it is clear that interference with the normal changes of the lumen of these vessels must exercise a profound influence upon the heart and the whole arterial tree. What that means is self-evident, viz., nutritional disorders throughout the body as a result of abnormal blood supply; this disturbance first becoming manifest in the nervous centers, that are so susceptible to even slight alterations in their blood supply, later appearing in other organs.

If the disturbance lasts for long periods of time the inevitable result is arteriosclerosis, cardiac hypertrophy and myocarditis and all the evidence of chronic malnutrition, appearing first, naturally, in those organs that are supplied by *end arteries*, viz.: the brain, the kidneys and the retina. Cardiovascular changes with cerebral, retinal and renal changes spell *Bright's disease*, interference with general nutrition means suboxidation, metabolic disorders, viz.: *diabetes*, *obesity* and all the protean manifestations of the so-called *uric-acid diathesis*.

The absence, therefore, or chronic deficiency, of bile acids from the bowel and hence from the circulating blood is due to hepatic insufficiency. The causes that produce the latter state can, to a great extent be removed by preventing intestinal putrefaction—and for this the sovereign remedy, as we have shown at length, is the bile acids.



Magnesium sulphate introduced directly into the circulation by intravenous injection, is a powerful poison.—Brunton.

The absorption of watery liquids or substances dissolved in water from the unbroken skin is very slow if at all.—Brunton.

The relief of hepatic insufficiency is further promoted by the exhibition of bile acids, inasmuch as the latter aid materially in stimulating the liver cells to increased bile-formation and in carrying to them in the form of free hemoglobin the material they require to manufacture bile.

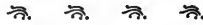
Symptomatically, the administration of bile-acids is indicated as a *substitution therapy* because many of the signs of hepatic insufficiency are caused by absence of the all-important bile-acids from the blood.

Finally in very many disorders that begin with slight nutritional disorders and increased arterial tension, due, in many instances, to bowel putrefaction and hepatic insufficiency, the bile acids are a valuable remedy—and this applies,

as I have shown, to a large variety of chronic disorders of which arteriosclerosis, diabetes and Bright's disease are important prototypes.

The bile-acids, therefore, that in a circumscribed sense may be considered *the active principle of the bile*, should be employed in a host of conditions that have been described above. They are by no means a panacea for all ills, but I consider them, when judiciously exhibited and when administered according to the indications that I have been at some pains to clearly formulate in this and in preceding articles, to be predestined to recognition as one of the most valuable latter-day adjuvants to our therapeutic armamentarium.

Chicago, Illinois.



MODERN THERAPEUTIC SUGGESTIONS.

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PART II.

IN MY work on therapeutics, I accepted the principles laid down by W.

H. Thomson, departing from the classification of Headland so far as alteratives were concerned. These Thomson designated specifics and laid down the following principles: These drugs are unnatural to the system, though acting specifically, and in some unknown way, against certain diseases or morbid conditions. They are given with a view to influencing the course of the disease itself, not for their effect upon the symptoms alone. If administered for any length of time there is danger of causing an artificial disease, because of the characteristic action of these medicines, which dif-

fers essentially from their remedial influence.

When used as specifics they do not produce or relieve symptoms except by renewal of health or by removing either the pathological condition or the disease. Whenever, therefore, these drugs produce symptoms when used specifically it is a sign that they are contraindicated or have been given for too long a time or in too large doses. As they are unnatural and consequently more or less poisonous to the system, their administration should be accompanied by restoratives to lessen their tendency to untoward manifestations and systemic depression. While such a conception of specifics as this is



Before we passionately desire what another enjoys, we should examine into the happiness of the present possessor.—Rochefoucauld.

To what has the grand official science reduced itself—docketing patients and maladies and cataloging new medicaments?—*La. Dos.*

scientifically justified, the ordinary conception is that of a therapeutic annex to a disease label. In this popular notion, which is far too frequent, there remains a mystical idea which is peculiarly attractive to people of quackish tendencies. This professional conception has done more to damage medicine than any of the many erroneous word tyrannies which have so frequently restricted its progress. The result has been a receipt-book method of dealing with disease not far removed from the therapeutic conception given the populace by the patent-medicine advertisements.

In the first place, disease to the clinician has three aspects, the morbid factor, the organism attacked, and the condition of this organism at the time it is attacked, this last constituting what the Germans aptly term the etiologic moment. As but one of these factors is constant, it must be obvious that no therapeusis can be specific for the disease, since the subject attacked and the time at which the subject is attacked, vary the disease. This is particularly true of diseases like syphilis, in which certain medicines are supposed to be specific. A strongly-endowed organism attacked by lues, during a period of good health, will present very different morbid consequences than a cachectic organism. The healthy organism may be the case which will throw off the disorder altogether. This occurred sometimes in the syphilis inoculation by Auzias-Turenne. On the other hand the primary and secondary expression of syphilis may be so slight that lues is left unchecked to attack the nervous system and produce either nerve syphilis or parasyphiloses. In the cachectic condition the disease may be soon detected and the patient make a better

recovery than if he were the subject of better health, because of judicious treatment.

In dealing with the question of specifics therefore, the untoward effect will be found to furnish a better guide to their action than their supposed ordinary remedial effects. The most potent tonics and alteratives have the most marked effects, since a drug of potent physiologic action must of necessity try more severely inherited and acquired deficiencies of constitution than an inert drug. Too excessive strain on inhibitions, weakened by acquired or inherited taint gives an undue sway to inhibitory centers. Untoward effects of drugs may hence be conditioned on preëxisting affection of the inhibitory apparatus of the system.

In many neuroses nerve strain of the eliminative and assimilative organs has produced toxins and other products; some of these naturally add to the effect of a given neurotic drug, or direct these in some special channel or inhibit certain effects, thereby giving undue play. This may constitute, as Lewin has shown, a disposition that is but temporary, which disposition may have its foundation either in greater abundance in the system of biochemical substances which cause an unusually prompt solution or action of the medicines introduced, or which may unite with them to form injurious compounds; or it may be conditional on preëxisting pathologic changes in the inhibitory apparatus of the system.

The eminent Vienna therapist Storck had, in the middle of the eighteenth century, pointed out the significance of certain untoward effects as a guide to therapeutic action of a drug in disease and an explanation of its effects.

Seeing drunkards drink infernal drugs by the tun, one wishes just a drop of liqueur, very sweet, in a thimble of gold.—Droz.

Little but good! Is this not a dosimetric device well applied to the alkaloidal granule?

—*La Dosimetrie.*

This was wildly distorted by Hahnemann in his "provings," otherwise it would have been fertile in redeeming therapeutics from the receipt-book tendency which has cramped it.

In medicine the law of action and reaction is peculiarly evident in therapeutics. Remedies arise, are boomed and disappear. Some which are markedly efficient, are flung into the background, not because of lack of value, but because of popular prejudice arising in the minds of neuropaths and for commercial reasons affecting physicians. The influence of sects in medicine, in this particular, is much less than is usually assumed. Sects based on opposition to any therapeutic procedure are expressions of the opinion of neuropaths rather than their cause. Such sects notoriously long retain primitive therapeutic procedures which the profession has outgrown.

Hahnemannism retains the skatologic procedures which the profession long ago rejected with disgust. Thus a Boston homeopathic firm issues a price-list of so-called animal remedies. This offers for sale at a fixed price (on page 20) potentized pediculi pubis, pediculi capitis and pediculi corporis. "Culture" would seem to have something to do with the last mentioned for their Bostonian origin is especially dwelt upon. Page 1 offers the "acarus scabies or lice insect." Page 15 offers "lachryma filix" or "tears from a young girl in great suffering." "Carbunculus of the neck very severe" is tendered as a remedy on page 6. Page 7, in addition to the lice insect, offers adenia from the glands in Hodgkin's disease, the ailanthus "bug" and "albuminuria" or renal albumin." "Fel Gryllus Americana" or "Brazilian cricket" is offered on page 11 as a remedy for "sup-

pression of urine." Page 2 offers "anthracin" or pus from an anthra. Page 4 offers "buboin" or pus from syphilitic bubo. Page 5 offers "calcareo or stone of the kidney, bladder and lungs." Intestinal bladder and nose catarrh are offered on page 6. Page 7 offers a preparation of "chancre of syphilis." Page 8 offers "colostrum," page 9 "crotalin" from the rattlesnake as well as "diabetes mellitus" and "dropsy-semen." Cancer of the uterus, bowel, face and breast are also offered, as well as "hippozinine" from glanders, "lyssin" from hydrophobia, "osteonecrosis" pus from rectal abscess, from "caries of heel" and from "septic abscess." Electricitas, or electricity, "galvanismus or galvanisms," rubrum flava and ceruli irides, or the red, yellow and blue rays of the spectrum, as well as "Luna" or moonshine are also tendered as therapeutic aids to the enthusiastic Hahnemania.

Together with these feticich absurdities Hahnemannism long retained the general therapeutic procedures of the period in which it was born. Although Hahnemann claimed that the homeopathist dispensed with the necessity of employing the barbarous practice of bloodletting (Chronic Disease, Page 177, Vol. VI.), he asserted that beginners and learners may be pardoned for using depleting processes; but if they dare to pride themselves on their pretended improvements, and promulgate bloodletting and cupping as processes that are eminently homeopathic then they make themselves ridiculous and ought to be pitied for their dabbling and for their bungling blindness, which inflict suffering on their patients. It is laziness or a foolish predilection for the pernicious routine of allopathy which prevents them from



We desire the strange, the not commonplace; our malady is not that of everybody, the doctor does not comprehend it.—*La. Dos.*

Medicine does not sweeten. Look at the colleges, where amiable eminents are always tearing their hair—when they have any.—*Dos.*

making themselves acquainted with the true homeopathic remedy.

This is the old story of the modern "go-as-you-please" homeopathist who uses pellets in conjunction with ordinary medicine but refers the cure to the pellets. The New York homeopathists adopted this system. Dr. Gray, one of the leaders, remarks (*Homeopathic Examiner* Vol. IV., 1845): "Bloodletting I have not ceased to employ during the eighteen years of my acquaintance with homeopathy. At first, by advice of my learned and lamented predecessor Dr. Gram, it was continued on purely empirical grounds, but now, and for many years past, I apply it upon the homeopathic basis, having acquired, partly by experiment, partly by reading allopathic authorities to that end, a tolerable pathogenesis of it."

The disuse of blood-letting was simply a consequence of the pandering to popular prejudices for commercial reasons. The persons who had abused venesection joined loudest in the outcry against it. Despite prejudice, based on the fetichic notion that the life is the blood and allied cant of the followers of Hahnemann and Thomson, blood-letting has held its own, in certain departments of medicine; with the growing knowledge of biochemistry, especially as involved in the blood serum, blood-letting is again beginning to assume its old place in therapy. The former claim that blood-letting would quickest remove toxic products from the body, which could then be replaced with watery solutions similar to blood serum, is now strongly corroborated by the results obtained through the use of the normal salt solution.

Though the influence of the surgical operation, *per se*, was very emphatically

pointed out some years ago by J. William White, of Philadelphia, but little use of this knowledge has been made. The principal use which emphasizes study of its limitations and indications has been the improvement of peritoneal tuberculosis under simple abdominal sections. The rationale of this improvement is readily grasped when the fact is remembered that leucocytes are drawn toward the peritoneum by such section, which would have a profound influence on the general circulation. In consequence of this, too, the leucocytes would be peculiarly stimulated toward phagocytic action in the peritoneum.

For a long time alienists have observed that traumatism exercises a beneficial influence (too frequently but brief in duration, but none the less patent) on chronic forms of insanity. Dements who have accidentally fractured a limb have been noted to improve during the period of recovery and for some time thereafter, when relapse usually takes place. In acute types recovery under these conditions is often permanent. It has also been noted that in families where idiots abound, skull fracture in infancy has led to the disappearance of the idiocy in the victim of the fracture, who not only becomes sane but may manifest a high order of intellect. The Australian novelist Clarke, when a child, had a skull fractured. This was also the case with Vico, Gratry, Fusinieri, Clement VI., Malebranche and Cornelius. To skull fracture in the last three was due, as Lombroso has shown, their genius. I cite the facts simply to show that in the much-neglected therapeutic procedure of counter-irritations there are therapeutic possibilities far from being realized. These procedures have fallen into dis-



Dosimetry has encountered many doubting Thomases who have become in time its most fervent defenders.—*La Dosimetrie.*

Reve d'aujourd'hui
Realité de demain.

—*La Dos.*

use not because of their lack of value, but because of a popular desire for cosmetic therapy.

In no small degree also has this desire led to the separation of balneotherapy and hydrotherapy from pharmacotherapy. On principles whose validity is thoroughly recognized infusions were at one time largely given in connection and co-incident with baths. Clinical observation leaves no doubt that this conjunction of therapeutic measures had decidedly beneficial effects. The use of water as an alterative is now more generally recognized than at any other time, yet its employment as an adjuvant because of its alterative qualities, was never more neglected than at present. At the beginning of the century, as the American Dispensary shows, the Brandt treatment of typhoid by balneotherapy was successfully used in the United States. From a survival of the Brandt treatment came the Kibbee treatment of yellow fever which gave undeniably good results in the late seventies.

These early observers recognized not only the influence of balneotherapy and hydrotherapy *per se*, but the influence of these in extending and increasing the field and effect of pharmacotherapy. Homeopathy, distorting the essential element of the therapeutic procedure, caused its disuse. The dilution absurdity of high potency homeopathy destroyed faith in it among scientists, at the same time creating prejudice against the correct application of the principle among laymen. The value of the principle, however, was fully sustained by the results obtained at mineral springs but ascribed to the chemical constituents of the water. While, as in the case of the Hot Springs in the treatment of syphilis, evil has

been wrought, it has been wrought by the reliance on the balneotherapy alone, to the neglect of other therapeutic agents, as co-adjuvants. The value of these procedures when conjoined has been fully demonstrated by their use in antotoxemias with neurasthenic elements, whether complicated by the drug habit or not. Here the use of the drip sheet, of the cold pack, of cold sponging, of the greatly diluted medicinal agent, entailing free use of water, have been fully demonstrated to be of great value. The older surgeons, before the days of anesthesia, relieved the patient's system from strain and prepared it to stand the shock of operations by these conjoined procedures. Bleeding was usually added for this purpose. Nerve strain and worry mean increased toxic products to be eliminated and mean at the same time deficient powers of elimination. Both these conditions indicate therefore free uses of water and also that watery solutions of medicinal agents are to be employed here.

The use of the compound prescription, too frequently confounded with its exact opposite, the shotgun, has lessened since the absurdities of this last were pointed out and since homeopathy has made the single remedy a popular shibboleth. To some extent this principle is observed in anesthesia and also in certain uses of atropine and morphine. As I pointed out some years ago this principle could be further extended. Many prescriptions of the older clinicians contained remedies so carefully combined as to emphasize certain common properties and destroy properties antagonistic to them. These were unjustly confused with the shotgun, which was simply a blind firing in the dark, in the hope of,



The sincere popularizer of a superior therapeutic method is impelled by his invincible faith.—*La Dosimetric*.

One begins by being in love with his own ideas, and finally seeks to make other idolaters.—*Quesnel*.

by a scattering fire, hitting something. In fecal anemia, for example, combinations of iron and the salines have been found to act well in conjunction with the vegetable bitters, despite the fact that these as ordinarily given counteract each other. Sir Andrew Clarke had a favorite mixture for this purpose of the following composition:

Iron sulphate, gr. 24; magnesium sulphate, dr. 7; aromatic sulphuric acid, dr. 6; tincture of ginger, dr. 2; infusion of quassia, dr. 16.

While this has been criticised as a shotgun procedure, it was, for reasons already cited, in connection with hydrotherapy, fully adapted to secure free elimination and the extended action of medicinal agents. It also met the objections to the inorganic compounds; another factor in its favor was the failure to arouse mental antagonism to the remedy. This antagonism is more frequently awakened by the palatability of a remedy than by its reverse; and as states of worry increase autotoxemia, a remedy which arouses this mental antagonism creates worry and increases autotoxemia.

The combination just cited from Sir Andrew Clarke is one of a type in which remedies are so combined as to produce an alterative action, which increases metabolism, thereby enhancing the assimilation and benefit of a restorative agent. The physiologic conditions implied by assimilation, even in health, include a necessary element of elimination of toxic products.

The failure to recognize this has been the reason why iron has so often failed completely in anemia. The success of iron, quinine and strychnine, when combined, have been due to the recognition

of this principle. The same is true of the success of the combination of certain heart tonics and alteratives, which have produced an effect where the simple heart tonics by themselves have failed. The fact has been fully demonstrated that disorders of the heart do not depend so much on organic lesions as upon the lack of compensation. Even angina pectoris produces sclerosis of the coronary arteries so often associated with it and is not, as a rule, produced by this. The products of autotoxemia, like toxins of the germ diseases, produce sclerosis. This autotoxemia may be of local origin, due entirely to the failure to eliminate the toxic results of nerve stress.

Arrhythmia, bradycardia, and tachycardia are cardiac manifestations dependent, as Dr. A. Jacobi pointed out years ago, on disturbance of cardiac innervation with interdependent autotoxemia. Arrhythmia is often a pure neurosis, resulting from toxemia. It is very frequently found in autotoxemias where there is a condition of sexual erethism which itself depends on autotoxemia. The same is true of bradycardia, and tachycardia. So long as these so continue, that repair outbalances waste, the condition is not dependent on more than biochemic conditions, but when waste exceeds repair organic disease often results.

Because of this mixture of autotoxemia and disturbed cardio-nervous action two requirements must be met: (1) The elimination of toxic products by alteratives and (2) the control and stimulation of the local cardiac ganglia, as well as of the cardio-respiratory centers in the medulla. This is but one of a hundred combinations which might be met by



Official therapy is the confusion of Babel. It is very difficult to find precise solutions. Utility of fever still questioned.—Le Grix.

Unwilling to surrender to brilliant truths of dosimetry, some physicians act like blind men striking with fury, friends and foes.—*La Dos.*

careful union of medicinal agents indicated by the pathophysiologic state.

A neglected but valuable alterative nervine is copper. The therapists of the close of the eighteenth century believed that copper was of peculiar value in nervous diseases where an alterative was needed, as in chlorosis and anemia, and where neither iron nor arsenic was beneficial. The action of copper on the eye structures indicates that this alleged alterative action had a foundation in fact. It is a normal constituent of the blood and its toxicity has been enormously overestimated. All the therapists of the English-speaking countries agree as to its value as an alterative nervine. It has been found of value in all adynamic states by the French therapists. Among the combinations peculiarly useful are copper arsenite and copper phosphate.

Massage has undergone the usual variations of trite and useful procedures. The tendency to fashion and fads in therapy arising from the advertising desire of fashionable physicians, has led more than once during the last two centuries to the disuse and abuse of massage and has opened a way for the old bone setters who are now called osteopaths. Two decades ago they were denominated in Illinois, "snapping doctors." Massage has also lost caste through the erotic results of misapplication. During the last two decades of the nineteenth century massage shops, as they were called, abounded in all great cities; received extensive advertisement in quasi-reputable newspapers, and created a serious prejudice against massage, of which prejudice the osteopaths have largely availed themselves. The old action

of massage as a stimulant to exercise and tissue change, however, has received constant proof sufficient to remove all prejudices against massage in the mind of the scientific therapist. In most of the morbid states where exercise is needed the initial volition of the resolve to take exercise is so fatiguing that all the good effects of the subsequent exercise are nullified. Here massage peculiarly fits the case and starts the patient on the road to recovery, through the physiologic rest it gives by local physiologic exercise and fatigue, without undue strain on a weak will-balance. The Swedish movement cure is, however, contraindicated in these cases by its mental effect on the patient, as well as its tendency to produce exhaustion.

Both Swedish movement and massage, in the hands of a masseur who believes in their occult origin, are very dangerous, since mental suggestion of a hypnotic type is apt to affect the patient unfavorably. The most material explanation of their physiologic action should be given their patient before they are employed, in order to avoid this untoward effect. The addition of massage and Swedish movement cure to the other measures employed in *tabes dorsalis* has peculiarly beneficial results both from a physical and mental standpoint; since the patient learns thereby the amount of strength and motor power that he retains, despite its seeming loss. Massage in sexual neurasthenic cases, while beneficial, should be carefully watched, since in this class of subjects, whether male or female, pervert tendencies are easily initiated. In all forms of chlorosis and anemia a sluggish metabolism may be stimulated by massage as well as estab-



Hitherto the doctor has faced three unknowns—the patient, the malady, the remedy; dosimetry makes the latter known.

Alkaloids are powerful, tolerated, favorably influencing all organs. Not so with chemicals with which Germany inundates us.—Ferran.

lishing the initial improvement in auto-intoxication. It should be remembered that in these last states from neurotrophic causes the skin readily bruises, but such

bruises from massage are of short duration and rapidly disappear under the improvement affected by the procedure.

Chicago, Illinois.



THE NON-SURGICAL TREATMENT OF THE DISEASES OF WOMEN.

BY CURRAN POPE, M. D.

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IT SHALL be my object in the following series of articles to lay before the medical practitioner all those forms of treatment save that of surgery, in their relation to the treatment and cure of the functional and organic diseases and disorders of the pelvic organs of the female. There is, in every human being, an inherent repulsion toward the use of the knife and today my observation leads me to believe that the very best of surgeons do not resort, as much, nor as quickly, to operative procedure as they did half a decade ago. A careful consideration leads me to the conclusion that more than half of the cases that come under the observation of the medical practitioner, do not need surgical interference and of the remainder a large percentage that are operated upon can secure equally as good if not better results, by procedures painless in themselves, devoid of danger, though more tedious and time-consuming than surgical work. On the other hand there is no need for an anesthetic, nor for the risk of life, which more than compensates for the time consumed. In a spirit of justice and fairness it is only just to say that there are cases in which surgery, and surgery alone, will suffice, but

it is between these cases the line must be drawn for the patient's benefit.

Woman has always occupied a central and permanent place upon the stage of life and too frequently, and in the consideration of her diseases and the disorders incident to her sex, we are prone to forget anything more than the actual localized conditions within the pelvis. It shall be my aim and object to take a further and wider view of the subject, and to that end it were well to consider womenkind from bud to blossom and from blossom to decay, and so this series of articles will commence with a consideration of puberty and end with those conditions that are the senile termination of woman's sexual life.

Puberty in the female is a period that is fraught with especial interest and needing special consideration. It is too often limited to the onset of the menstrual function, but should, in reality, be considered in the broader and more general sense, such as is embraced under the term, adolescence, for it is at this time that the child buds into the fuller and maturer sphere of commencing womanhood. This change and development usually commences in this climate at an average between the thirteenth and four-



The spirit is quickly fatigued in children, their bodies debilitate easily, the nervous system disequilibrates soon.—Verette,

Truths presented as detached thoughts have energy. As Diderot said, thoughts are nails that bury themselves in the soul.—Viaud.

teenth year, the youngest personal observation being eleven, and the oldest twenty-two. Race and climate have considerable to do with the age and onset of puberty, for we find that the Caucasian is slower than the descendants of Ham, while the nearer we approach the tropics the earlier the onset of puberty.

It has been an interesting observation of mine to note how frequently hereditary peculiarities are observed in families. This is not only true with regard to puberty and its establishment, but is equally true of the involutional period of the menopause, for we can frequently state that the age and onset of menstruation will, in the daughter, be more or less similar to the onset in the mother. Social conditions influence materially the age at which, and the rapidity with which, puberty becomes established. The denizens of the city menstruate earlier than those of the country, while the women of the laboring classes probably precede the members of the leisure class, as much as twelve or eighteen months. It is at this time that the girl undergoes her most rapid growth and development.

It is at this time, too, that most superficial observation notes the steady and rather rapid change from the "gawky" or "ugly-duckling" stage into the more symmetrical and fully-developed maiden. A widening of the pelvis takes place, the hips and thighs assume the characteristic enlargement of the female figure, and the bust development begins to become prominent. At this time fatty tissue is deposited generally over the body, giving the figure the rounded form and grace of contour, often sung of by poet and reproduced by sculptor's chisel. The internal changes are those of

the growth and development of the special organs of the uterus and ovaries.

Of all the interesting features of this period none are comparable to the subtle, peculiar and permanent mental changes that come over the aging child. It is a period of doubting to the girl, a time when these strange longings and desires to "accomplish something" so often lead young women to believe that they have a future before them. It is at this time that there is a yearning for a change, and intensified desire to expend upon some indefinite object a growing and unknown love. It is now, for the first time, that a full realization comes to her of a distinct and separate personality, differing from the boy, who has been an equal or same individuality to her. Day dreams come and then "the plumed knight and castle" enter into her dreams, especially in those who are at all prone to the somewhat general habit of novel reading. Instinctive manifestations are liable to occur in spite of the immense social force that has been working for ages toward passivity; her emotional nature becomes more fully developed and at times there is a tendency toward vague and dream-like emotions.

Just at this time menstruation becomes fully established and with it, as a rule, ovulation, a process too well known to more than merely mention. Prior to puberty has been a period of *acquisition*, and in which the resemblance between the two sexes is very great; but at this time the beginning imprint of sexuality is made upon the brain and neural mechanism, changing her individuality, becoming, more or less, upsetting in its nature.

Menstruation is a neuro-vascular-glandular phenomenon, accompanied by a

Alkaloidotherapy, based on nature, utilizing latent forces, attaching to life to quell death, is the therapy of the future.—Viaud.

The true remedy for the spread of morphinomania is dosimetry; the granule kills the hypodermic syringe.—Viaud.

bloody discharge from the uterus and fallopian tubes, occurring every twenty-eight to thirty days, lasting from two to seven days, during the entire period of womans' sexual activity, from puberty to the menopause. "This swelling is caused by the filling of the veins and capillaries with blood. Just why the uterine mucous membrane swells in this way is not known, but the swelling is marked then by a diapedesis through the capillaries assisted by the bursting of the capillary walls, blood passing into the connective tissue spaces below the mucosa. Fatty degeneration of the epithelium follows the bursting of the capillaries. The blood, epithelia and degenerated material then pass out, reparation now takes place, the mucous membrane being replaced. This cycle lasts roughly fourteen days and is followed by a period of the same length."

This corresponds closely to Ellis' and Campbell's uterine menstrual cycle. Many theories as to the causes for menstruation exist, but no single one explains. There is no question but what there is a neural background to menstruation, sympathetic, spinal and cerebral, influencing its periodicity, stimulating and congesting its vascular net-work. Undoubtedly heredity, through many generations of women strongly predisposed to its repetition.

The flow usually commences as a thick discharge of mucous epithelial cells and broken-down membrane from the uterus and tubes. This is followed by nearly pure blood and this, in its turn, becomes scantier until it is a mere stain. The blood of the menses is alkaline and should not clot. It will probably average five or six ounces; the greatest amount is usually lost during the first one-third to one-half of the period. Menstruation, as a

rule, lasts from thirty to forty years. I have personally noted a case menstruating as late as the fifty-seventh year of age—a family trait. Those who menstruate early reach the climacteric late, while the reverse is equally true. Just preceding the flow, for several days, there is, as a rule, a nervous erethism which induces a condition of increased sensitiveness. In some women, mental depression and sensitiveness to noises and worries are markedly increased. During the flow, even in health, there is a feeling of weight and fulness; sometimes a discoloration of the skin about the eyes; pimples are more likely to break out on the face, and the skin exhales a peculiar odorous perspiration. In some cases the breasts, parotid and thyroid glands, and in rare cases the tonsils, temporarily enlarge. Once fully established the cessation of menstruation marks either the physiological entity of commencing motherhood or some pathological condition, either general or local.

No animal loses so much blood from the uterus as does woman, and within fairly reasonable limits this is physiological, nor can the limit be set, for what is "one's meat is another's poison," so what may be regarded as normal in one woman may be abnormal in another. We, therefore, must needs know the woman's habit. Many ideas have been entertained regarding the menstrual function, among which may be noted that it was a symbol of a fundamental weakness, impurity and inferiority of women, while in truth what inferiority does exist can easily be understood to be due to the superior frame and greater muscular strength of man. At one time the idea was held that boiling sugar would become blackened; opium bitter, hams spoil and milk sour,



Anything can take away life from a man; nothing can take death from him.—Seneca. Ignore injuries and march on to goal.—Viaud.

Uncertainty breeds calamity. A man must think out before he can win out.

—O. A. Collins.



if handled by woman during her menstrual epoch.

The *nisus generativus* is enhanced before, during and after the period. My personal observations have led me to the conclusion that it is most active in women just prior to and during the first day of the flow. This, it would seem, is eminently physiological as at this time the uterine mucous membrane is in a most satisfactory condition for the impregnation of the ova. It has often been thought that women were the only mammals that menstruate, but this has given way in view of the careful observations that have been recorded. Animals are subject to regular periods of tumescence and detumescence, especially those animals that have been domesticated. I have made a number of personal observations upon the dog, cow, mare, monkey and chimpanzee, their periods of heat or rut occurring regularly, during which time a sanguineous flow takes place and they become nervous and excitable.

Among the most interesting psychic phenomena of commencing womanhood is the development of modesty. Its assumption reveals the impression the sexual organs are making upon the higher brain centers developing in the growing girl, a higher moral quality, and forming one of the most attractive features to the opposite sex. This growth of modesty is essential to social life and for the development of certain outward manifestations that form a part of our social system. All this tends to throw a great strain upon the brain and nervous system, especially along those lines of hereditary or acquired weaknesses. We may, at this time, find neurasthenic conditions, ill health and neurotic symptoms, if the health is poor. Modesty has become "the

chief secondary sexual character of women on the psychic side." (Ellis.) It is at puberty that education is most dangerous to the girl, for at this time not only is a draft being made upon the physical system, but the brain, spine and sympathetic nervous systems are feeling the imprint of one of the greatest physiological crises of the girl's life. At this time the foundation for a weak brain and physical unhealth may be laid. The forcing and "cramming" process of education is literally destructive, as it stunts the mental powers, lessens physiological capacities and lowers trophic activity.

Compelled to select either of the horns of a dilemma, I would much prefer to see at this time "a little savage" than a "little lady." The constant confinement and tax of much study, stunt the growth and development of the girl. Nature is most generous and scatters far and wide a million pollen where a thousand is needed, and while she may be prodigal in her gifts to the healthy girl, still she must not be forced or driven too hard. It is much more necessary and essential that girls should be relieved of the strain of study at this period than boys, because of the urgent demands that are made upon her. Over brain strain and under brain power is not an infrequent thing in our schools today and from these overtaxed girls grow up women who can hardly be accepted, to fill to the *full*, their quota in bringing forth progeny that shall be strong and healthy, a pride and a satisfaction.

With the increase of nervousness and neurotic children it is beginning to look as though we will have to seek some strange land where we can obtain Sabine mothers. Overtaxed, broken-down, worn-out girls can hardly be expected to have



The hope of the world today rests with those who burn midnight oil, those in the procession, not idle onlookers.—O. A. Collins.

When quinine is taken undissolved very little of it is utilized, especially in fevers where there is little secretion of acid.—Brunton.

sufficient stored-up energy to transmit to future generations. Who will deny that the educator has often spoiled a good mother, by making her a good scholar?

Diseases of the special organs of women at the period of puberty produce upon the sensitive film of mentality, impressions and pictures that may mould the mental health of all the succeeding years. Civilization has not spared us, nor will it continue to spare women through these dangers. The fatal mistake of early association with the opposite sex, social excitements, entertainments and dissipation, excessive dancing, early love-making, is the hot-house that forces a sensitive plant, tending to quickly age the girl and

robbing a tender maiden of the richest and sweetest charm of slowly developed maturity.

At this time most alienists will agree with me that the manifestations of adolescent insanity, dementia precox, in their remissions and periodicity, bear close relation to the menstrual function.

With this short and fragmentary review of the physiology and development of puberty we will next consider the derangements that are associated with these organs at this time, for the discomforts, pains, aches, fatigue, the upsetting of nerves and digestion, are to the girl like the manifold miseries of Pandora's Box.

Louisville, Kentucky.



BRIEFS ON GENITO-URINARY SURGERY.

PART I.

MINOR PATHOLOGIC CONDITIONS OF THE PENILE INTEGUMENT.

BY G. FRANK LYDSTON, M. D.

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THERE are numerous minor ailments affecting the integument and quasi-mucous surfaces of the male organ of generation which are of especial importance to the general practitioner. He is possibly more often primarily consulted in regard to these affections than is the specialist. They are of especial importance because of the annoyance which they occasion, their occasional intractability, and their liability to be mistaken for diseases of a more serious character. One of the most frequent affections of the class under consideration is simple inflammation, i. e., balanitis and posthitis.

Balanitis and posthitis—inflammation

of the mucous layer of the prepuce and the delicate mucous membrane covering the glans penis—are very frequent. These conditions may occur spontaneously as a consequence of highly-acid urine or the decomposition of various secretions which accumulate beneath the prepuce in uncleanly persons. They occur, however, in those who, however particular they may be regarding the toilet of their sexual organs, find cleanliness impossible because of phimosis. Balanoposthitis may also occur as a complication in chancre, chancroid, and most frequently of all in virulent urethritis. It is, under all circumstances, a non-venereal disease *per se*, being invariably pro-



Drugs unabsorbed are as much outside the body when in the bowels as they would be in the palm of the hand.—Brunton.

A drug placed in an empty stomach will be absorbed much more quickly than it would be from a full stomach.—Brunton.

duced by irritation, which may depend upon the presence of either venereal or nonvenereal secretions, and may or may not be derived through sexual intercourse.

When the inflammation has existed for some little time, there occurs, in many instances—especially where the source of the irritation is the secretion of gonorrhea or chancroid—excoriation of the mucous membrane. The delicate epithelium covering the glans first becomes macerated, then abraded, and at various points small ulcers may develop that may be mistaken for true venereal ulcers. Another condition that may arise is venereal vegetations. The secretions of balanitis and posthitis are not inoculable in the strict sense of the word, unless gonorrhea, chancroid, or true syphilitic chancre be present, in which case we have an admixture of specific with non-specific secretions.

Balanitis may give rise to bubo of a simple inflammatory character, which may suppurate. It may be mistaken for gonorrhea or chancroid. Autoinoculation will differentiate it from the latter, and inspection, before or after preputial retraction, will exclude urethritis. There is no period of incubation in balanitis, and the disease is variable in its course.

The treatment of balanitis and posthitis consists of measures to promote cleanliness and the application of mild astringent washes or dry absorbent powders, the powdered oleate of zinc, stearate of zinc, calomel, lycopodium, and oxide of zinc, all being useful. In some cases it is necessary for the patient to wear a small ring of absorbent cotton about the glans penis under the prepuce. If changed frequently, this will keep the parts dry. When

attacks of balanitis recur repeatedly, circumcision is demanded. If in the course of the case the prepuce becomes greatly swelled and phimosed, a dorsal incision may be necessary to expose the glans and relieve tension.

Penile acne may appear as pustules or papules upon the skin, very rarely upon the quasi-mucous membrane. It may result either from general debility in combination with local irritation or from infection with pus microbes alone. Small acneic pustules sometimes form about ordinary comedones of the integument of the penis.

In appearance the disease is similar to acne in other situations. The diagnosis is usually not difficult, the lesions being totally unlike chancre and chancroid. The absence of autoinoculability and the history of the case, in addition to the physical characters of the lesions, usually serve to differentiate the condition from both forms of venereal sore. Acne may, however, occur upon the mucous membrane as a pustule closely resembling follicular chancroid. Again, acne may precede a venereal sore.

The treatment of penile acne consists of attention to the general health, the promotion of cleanliness, the application of soothing lotions, and incision of the pustles.

Eczema of the penis is occasionally seen, and is usually coincidental with eczema scroti. It sometimes proves very obstinate. A case which recently came under my observation is a striking illustration of this. The patient had been affected with eczema of the penis and scrotum for a number of years, the condition being limited to these parts. The integument and mucous membrane were extensively infiltrated, fissured, and ex-



In lenteric diarrhea we give arsenic before meals to get the local effect on the gastro-enteric mucosa.—Brunton.

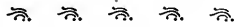
An ounce of oil of turpentine may be given safely when a dram may cause most severe inflammation of the kidneys.—Brunton.

coriated. So severe was the disease that intercourse had become a practical impossibility, and the itching and irritation made the life of the patient most miserable. The case had passed through the hands of a number of competent physicians, none of whom had been able to give permanent relief. Under applications of a mild solution of salicylic acid and the internal administration of ar-

senic, slight improvement occurred, but the patient finally became discouraged and stopped treatment. Some of these cases are gouty and may be cured by hydrotherapy and dietetics.

The treatment of genital eczema is essentially the same as that of other forms of the disease and requires no especial consideration in this paper.

Chicago, Illinois.



ASTHMA AND ITS TREATMENT.

BY EMMET L. SMITH, M. D.

THE pneumogastric nerve supplies the involuntary bronchial muscular fibers; therefore, true asthma is caused by some irritation of this nerve. Ten year's special work in this line with an experience of nearly 300 cases confirms me in this statement.

By common usage the term asthma has become a name for a condition in which there is an attack of difficult breathing in general, regardless of the causes or associated disorders. In fact, this term, like others in medicine which have an ancient origin, is commonly applied to many different affections. In the language of the laity, as well of as many doctors, every chronic shortness of breath is termed asthma, whether due to spasmodic contraction of bronchial muscles, acute bronchitis, chronic bronchitis, emphysema or heart disease. However, this common application is not of recent origin, for the leading symptoms of this disease have been recorded from earliest antiquity. Hippocrates, more than 2,000 years ago, described asthma in a manner easily recognized today. In the Temple of the Gods each

occupant had inscribed on their tablets such diseases as he had, with the treatment and results. While this method is not practised in the present time, owing to the lack of tablets, the historical fact is worth mentioning, as it shows that this is one of the oldest diseases.

From a strict medical standpoint, true asthma may be defined as a spasmodic affection of the bronchial tubes, which give rise to dyspnea of a paroxysmal character. Trousseau, Salter, Niemeyer, Alonzo Clark, Flint, Loomis, and most all the medical authorities have considered true asthma to be a spasm of the bronchial tubes.

The question, does bronchial spasm exist in cases of true asthma, is answered as follows: (1) The study of minute anatomy shows that the bronchial tubes even to the very ends are surrounded by involuntary muscle fibres; (2) that the nerve supply is mostly from the vagi or pneumogastrics; (3) that contraction of these circular fibres would lessen or constrict the bronchial tube; (4) that disease of the mucous membrane alone could not cause the symp-



Drugs that prevent sick-headache fail to relieve it, because they are not absorbed after it has commenced.—Brunton.

Patients have recovered from cholera and then died of the morphine that had lain unabsorbed in the bowels.—Brunton.

toms of spasmodic asthma; (5) that there are spasms of other involuntary muscles such as are in the urethra, bladder and intestines; (6) that the physical signs of asthma (wheezing) often change their location in the chest very rapidly—this could only be explained by the bronchial spasm.

The air enters the lungs through the larynx, trachea and the bronchial tubes. By the nature of the symptoms we know that the air is not impeded in the larynx or trachea, and the characteristic wheezing could be produced by a contraction of a tube, therefore it must be in the bronchial tube. Then it would seem without a doubt that the only line of reasoning would be that through the pneumogastric nerves, which supply the involuntary muscle fibers of the bronchial tubes; these are contracted so as to interfere with the interchange of air and thus render the passage of air in and out of the lung exceedingly difficult.

The list of causes through the pneumogastric nerve and its connections are many—even to take them up briefly would exceed the limits of this paper. Each case must be studied out and tested out.

Another important indirect factor in the causation of asthma is when it is considered from the uric-acid standpoint. The uric-acid diathesis is due to faulty assimilation and excretion. By some of the medical profession, excretion is considered to be nearly the whole thing in the practice of medicine. According to von Jaksch, the uric acid is retained in the blood in consequence of the failure of the red blood corpuscles to oxidize the acid. According to Haig, asthma is due to uric acid in the blood and the high blood pressure it produces. Again,

according to some of the medical profession, there is no such thing as the uric-acid diathesis. However, time will tell, and even if the name should have to be changed, there are many now who know that our so-called uric-acid treatment (diet and elimination) produces the results. I believe this line of treatment in asthma produces the beneficial results by lessening the irritation to the pneumogastric nerve.

Clinically, the following divisions have been made:

Renal asthma is the term used in cases having chronic Bright's disease with symptoms of that disorder, usually without bronchial spasm. Very often this is the first notable symptom of the nephritis.

Vesical asthma usually occurs in advanced age, with vascular lesions, valvular affections, kidney diseases, enlargement of the prostate, with bladder trouble. The bladder does not completely empty, which causes autointoxication, along with the nerve irritation.

Asthma sexualis is another division made by Peyer and Crookshank, in which the latter says the sexual organs should be suspected in the absence of nasal, bronchial, cardiac or gastrointestinal troubles. These cases are often found in (1) young neurasthenics with sexual excess, (2) middle-aged women with uterine catarrh, (3) young women with sexual irregularities.

Cardiac asthma, as a term, is entirely misnamed, as there is no contraction of the bronchial tubes, even when there is a bronchial or pulmonary congestion. What is generally known as cardiac asthma may be divided into two classes: (1) Those in which the frequent repetition of the asthmatic paroxysm brings



Metals probably combine with blood-albumen; alkaloids probably remain simply dissolved in the serum.—Brunton.

When we give a drug by the stomach or intestines we always have to reckon with the liver.—Brunton.

on emphysema and dilatation of the heart from pulmonary obstruction; (2) those cases of heart disease in which the patient suffers from dyspnea. This dyspnea occurs during expiration as well as inspiration, while in bronchial asthma it is expiratory dyspnea alone. These cardiac cases are aggravated by recumbent position, excitement, exercise; and relieved by quiet, sitting up and not followed by expectoration. Kingscot (London) says many of the so-called remedies (inhaling burning powders) for asthma actually aid in producing cardiac dilatation.

In cases of pulmonary emphysema alone severe dyspnea may occur without the patient having asthma; again, severe and continued asthmatic paroxysms are sure to bring on emphysema, when the asthma will take on an additional set of symptoms, as the dyspnea becomes more continuous or constant.

Emphysema is an excessive and unnatural distension or rupture of the air-cells of the lungs. This may be confined to one or both sides, and occurs oftener in males. The most common causes are the severe coughing of whooping-cough, chronic bronchitis, bronchial asthma; or bronchial obstruction caused by enlarged thyroid gland, thoracic aneurism, cancer of the esophagus, dilated auricle or a foreign body. The chest is generally large and immovable, or almost immovable, with abdominal breathing. These cases have a barrel-shaped chest and round back, except in the very old, when the back is flat. Inspiration is short, feeble and quick. Expiration is prolonged and is often aided by the muscles of the chest and abdomen. The dyspnea of emphysema is generally quite pronounced and

constant, and aggravated by exercise and exposure to cold. The patient is unable to force the air out of the chest. Here, in these cases, it is quite characteristic of this trouble for the patient to speak in broken sentences.

Acute bronchitis has *fever*—a most important point to be always remembered. The bronchitis may occur primarily or it may be secondary to some other disease, as typhoid, measles, whooping-cough, or in cardiac or renal disease. Acute bronchitis has such symptoms as acute soreness or rawness under the sternum and upper part of the chest. The chest pains are generally due to straining of the muscles from coughing—chest lameness. Bronchitis does not come on as suddenly as spasmodic asthma. It is quite noticeable that when chronic cases of asthma have colds, it generally means that they have attacks of acute bronchitis; and it is also noticed that the usual remedies that relieve them in an ordinary attack of asthma, do not relieve them at these times.

The premonitory symptoms of asthma vary with the different causes, but they often present languor, chilliness, yawning, headache, vertigo, indigestion, distension of abdomen, or nervous disturbances. In some cases the trouble starts with eye, nose or bronchial symptoms.

The leading symptom of the paroxysm is the difficulty in breathing—being expiratory dyspnea, but in advanced cases the chest muscles are used to help the inspiration. The patient generally sits up, supported by the elbows, shoulders elevated, head thrown back, eyeballs prominent, veins enlarged, skin clammy and sweaty. The face shows misery and suffering of the impending suffocation. Often they are awakened from a sound



Many poisons are intercepted by the liver and returned to the bowel, to be again carried to this organ, over and over.—Brunton.

Certain poisons may be carried between the intestine and liver for months without reaching the general circulation.—Brunton.

sleep with the feeling of suffocation and violent attempts are made to obtain the breath. The sibilant and sonorous rales, with the whistling and wheezing sounds, are marked, but as expectoration is established they are generally followed by mucous rales. Other symptoms vary greatly, due to the severity of the case and complications.

In studying the medical literature of this subject for the past thirty years, one is struck with the fact that asthma is the "will-o'-the-wisp" of medicine. The divisions of the subject are many, the given causes are still more and the remedies almost unlimited. Many stock prescriptions are found in the text-books and medical journals, but I believe the number of remedies that actually do good in asthma is small, and often some new drug is heralded as a specific, which, when chemically analyzed and physiologically tested, is found to be antedated by some of the older remedies. While the iodides are beneficial in certain cases, the indications calling for them are not always marked—likewise, the indications for the solanaceous alkaloids. *Grindelia*, *yerba santa* and other similar remedies may be used with good results.

For quick relief the solanaceous alkaloids—atropine, hyoscyamine and hyoscine are generally very satisfactory. They should be given with caution until their effect is manifest. I believe these alkaloids give relief by "blocking" the pneumogastric.

The saline flushes the alimentary canal, preventing the long retention of fecal matter, which might otherwise decompose, with the resulting autotoxemia, which may then add to the general trouble and be in fact thus a source of pneumogastric irritation. A depurative

effect also aids greatly in the elimination of toxic matter from the blood, in which the depurative properties may be deficient. Calcium carbonate, given with colchicine, is especially effective as a renal eliminant, its special efficacy having been discovered by Dr. A. C. Croftan.

Aspidospermine has not given me favorable results in true asthma, but it may be useful in other forms of dyspnea. It is generally found to be good routine treatment to give these cases a saline laxative or calcium carbonate. Avoid sweets and excess of meats. The best results do not come by just prescribing, but by thoroughly examining the case and finding out *why the patient has asthma*, and then removing the cause, and the case is permanently cured. Medical and hygienic treatment give favorable results by removing or lessening the irritation to the pneumogastric nerve.

When the pneumogastric nerve has been in the state of irritation for a long time, the process of recovery depends upon finding and removing the cause, complications and the recuperative power.

The supreme symptom of true asthma is the bronchial spasm. It is this that gives the binding sensation, as if a cord was tied around the chest. Only those who have experienced this sensation are capable of knowing what it means. It can be relieved and removed entirely according to the principles given in this article. The better the diagnosis—the quicker the relief and cure. If the case is complicated with bronchitis, then the recovery is slower, and there may be some rattling in the chest, but the spasm is gone.

Bile, when freshly secreted, is not bitter; this may be due to intercepted poisons or to over-peptonized albumen.—Brunton.

Elimination of sulphide is so rapid by the lungs that it requires very frequent doses rather than large ones, to give effect.

The practical side of the whole subject settles down to diagnosis and treatment. It is very evident the diagnosis must be made first—to say that the patient has asthma, that he wheezes, is not enough. The case may not be asthma, but if it is, it is reflex, and what are the conditions associated?

Constitutional treatment is as necessary as the local treatment, as in almost all cases there is an inherited tendency towards the disease. Heredity is present in over one-half of the cases, when three generations are considered. If allied diseases (rheumatism, gout, migraine) are

counted, then almost every case is hereditary. The treatment, to be permanent, must remove the cause and change the diathesis. One thing is certain, to allow cases to go along as they have been doing will not improve the condition. The personal hygiene of these cases must be changed—the sensitive skin must be toughened up, the hot rooms in which they usually live must be changed to the normal temperature, their impoverished blood must be increased in hemoglobin and other properties, so they can stand the cold weather.

Chicago, Illinois.



POST-GRIPPAL NEURALGIA.

BY GEORGE H. CANDLER, M. D.

AMONG the more aggravating and generally-annoying features of la grippe, we may distinctly class the subsequent neuralgias as the worst. It is stated that influenza does not kill, but that its complications do. The fatal sequelæ are usually pneumonia (croupous and catarrhal), pleurisy and pericarditis—with consumption all too often following from mixed infection. The various forms of neuritis, and the neurones, may not destroy, but they certainly make the life of the victim anything but pleasant. The doctor, too, finds these post-grippal conditions extremely rebellious to treatment and the methods which have proven effective with the neuralgias of ordinary type prove useless here. It is hardly to be supposed that the bacillus of Pfeiffer is to be held directly responsible for the neuralgia, but its presence certainly causes the production of toxins which act detrimentally upon nerve-

structures, rendering them especially liable to inflammatory conditions.

It has been noticed that la grippe patients treated with opiates, salicylates, etc., are more likely to suffer from neuralgias than those who have been thoroughly cleaned out and whose systems have been subjected to antiseptic treatment. This would tend to prove that the neuritis is due to retention of toxic matter and, provided this does not exist, we are not likely to have the neuralgia to deal with. Should it manifest itself it is equally evident that the necessity for elimination and systemic asepsis is imperative and this theory has been proved correct by clinical experience. In short, the one successful method of treating post-grippal neuralgias is that which has for its foundation clean and aseptic *primæ viæ*.

Modern text-books insist that hygienic measures are of first importance in la



Iodides are rapidly eliminated by being reabsorbed from saliva, and may remain a long time in the body.—Brunton.

Antimony, cobra venom and cholera toxin eliminated by stomach, found there after death; lead by stomach and bowel.—Brunton.

grippe and state that complications and relapses can usually be traced to a neglect of such rules. It may be definitely asserted that neuralgia invariably can be shown due to this fault. This being the case, it is evident that the best thing to do to avoid post-grippal neuralgia is to treat the acute influenza properly; that is, by eliminating all toxic matter from the system, fortifying it meanwhile with reconstructive tonics, triple arsenates, nuclein, lecithin, etc., thus assuring the convalescent an efficient supply of normal blood.

Too often the patient recovering from an attack of grip is weak, anemic and constipated. His assimilative and excretory functions are alike benumbed and the result is that the starved nerves are unable to resist the slightest shock. In this condition the action upon the nerve-centers of toxins, which would, under different circumstances be comparatively innocuous, is severe. Hence the futility of the ordinary treatment of post-grippal neuralgias is apparent.

It is accepted that the pathologic conditions upon which neuralgia depends are unknown; we may, as a rule, look upon it as a neuritis and, as we are aware, inflammation may easily be set up by poisons in the blood. That these toxins are more abundant after acute influenza is distinctly probable and, as at the same time ordinary nerve-nutrition is below par, it is not to be wondered at that the neuralgias are rebellious and intense in type.

As we have no means of knowing just what variety of *materies morbi* we have to deal with, the safest thing to do is to stimulate all the eliminative functions. The liver and spleen are especially inactive; the urinary chemistry is disor-

dered and the intestinal mucosa abnormal. It will be essential, then, to exhibit tonic laxatives; to follow these with a saline flush and then to administer diaphoretics and diuretics, not forgetting the necessity for those agents which aid nutrition, lessen nerve irritability and reduce congestion.

Opiates should be avoided, as a rule, and so also should the coal-tars, though excessive pain may call for an initial dose of codeine, morphine or acetanilid. If the latter is given it should always be combined with caffeine and capsicin. The general treatment which has been found effective may be described as follows: Every fifteen minutes for an hour exhibit grain 1-6 each of calomel, podophyllin and jalapin and one hour after the last dose give a *hot* saline draught. Repeat this in two hours. Hourly, from the first, administer nuclein four drops, gelseminine, grain 1-250, and quinine valerianate 1-6 of a grain. These may follow an initial dose of protected acetanilid, grain 2 to 6, but usually the latter is not required. Every three hours strychnine, phosphorus, and cactin should be given, the former to "tonify" and provide food for the nerve-cells, the latter to maintain a normal blood supply without straining an already weak heart. The strychnine and phosphorus granule (containing strychnine sulphate, phosphorus, atropine sulphate and cactin) is excellent here, one of these and one granule of cactin, usually, proving effective. One other essential is intestinal antiseptics! This should be obtained and maintained by the exhibition, every four hours, of from ten to twenty grains of the triple sulphocarbates. One or two tablets may be crushed and given with half a glass of water and at the same time the patient



Little is known of poisons formed in the body, their excretion and reabsorption; but cathartics relieve malaise. Why?—Brunton.

Strychnine given for a time appears to cause a sudden increase in reflex irritability, by stopping its own elimination.—Brunton.

may take four to six granules of barosmin for its action upon the urinary system. Locally, guaiacol rubbed in well and covered with hot flannel will prove the most effective agent.

As soon as the acute symptoms subside the gelseminine must be stopped, but the nuclein and quinine should be continued for some days. The tablet of triple arsenates with nuclein will prove the best form for exhibition, two being given after each meal. One hour later the sulphocarbolates may be exhibited. The strychnine and phosphorus granule may still be given—one three times a day—and, to it may be added, with great advantage, one tablet of lecithin. Every other day, or at least twice weekly, it is advisable to exhibit a few doses of calomel and one of the hepatic stimulants, podophyllin and leptandrin or euonymin; a sixth of a grain of each repeated hourly for three doses is sufficient. Saline should be taken the next morning.

This may be accepted as the most generally useful treatment for post-grippal neuralgias, but here as elsewhere, the doctor must use discretion and treat, not

the disease, but the patient. Aconitine may prove better than gelseminine and there are cases in which codeine will be promptly effective. So also in some cases will aconitine and hyoscyamine combined be found most efficient. In those cases in which the pain is steady macrotin and anemonin, two granules of each, may be given hourly in alternation with gr. 1-4 of ext. cannabis. In the most acute cases, where one nerve alone is affected and the pain is "like a knife," spraying the nerve with ethyl chloride usually brings relief. Menthol may also prove effective. Tonics, eliminants and patience are always essential.

Chicago, Illinois.

—:o:—

We present the above as of exceeding interest, following closely as it does the lines laid down in our article on the treatment of la grippe, March issue, which see. We look upon this as a most important subject which can best be handled only by applying the principles of elimination and reconstruction, which we have so strenuously taught through the CLINIC, lo, these many years.—Ed.



LOCOMOTOR ATAXIA AND OTHER NERVE DEGENERATIONS.

BY JOHN ASHBURTON CUTTER, M. D., B.SC.

IT has been claimed of late that pathologists (laboratory workers) are scientists, while the practitioner of medicine is one following a trade; in other words, the faithful army of readers of THE ALKALOIDAL CLINIC, fighting disease daily, are to be placed upon the footing of shoemakers, etc. I wish to give very concretely a little evidence in support of the contention that the practising physician

is a scientist and that the advances in medicine which enabled the obtaining results here recorded were achieved by men not pure pathologists but those whose means of livelihood depended upon relieving and healing the sick.

I. A middle-aged man from a neighboring state consulted me some weeks ago; he had suffered for five years from difficulty in locomotion, lightning pains



It has been said that digitalis is so insoluble that it may lie long in the bowel and then be suddenly absorbed.—Brunton.

I think slow solution does not explain cumulation of digitalis with the soluble preparations used here.—Brunton.

in various parts of the body; would occasionally fall in the street; his case was called rheumatism and he ran the gamut of rheumatic remedies. There was at times improvement. Finally, he landed in the care of a very intelligent general practitioner, who, finding difficulty in vision, sent the patient to an oculist of unquestioned reputation who on examination told him that he was "going blind" and that he should consult a neurologist, which was done; between the three physicians he was very energetically treated, with improvement in his general condition and especially his eye difficulties. On examination I found the blood in fair condition; urine free from albumin, casts and fatty epithelia (some pseudo-casts however, present), specific gravity 1022; bilious; still complained of lightning pains. I informed him that he was in my opinion over the worst of his troubles; that the degeneration had been going on in different parts of his nervous system, that the peripheral disturbances in the nutrition of the eyes was improving, and that by perseverance he ought to finally recover a fair use of said nervous system with the consequent amelioration of the said peripheral disturbances; the patient is now under my consulting care and is improving.

2. A young man, aged 30, had built up by strenuous activity a very profitable business. About two years ago he came near going under from what was then termed nervous prostration. For the past ten months he has suffered from pains in joints and muscles, and is especially tormented by swelling of the fingers and toes, suffering great pain upon going out into the cold air. I made a very careful examination and

found his blood somewhat below normal; urine bilious; catarrhal; had had much treatment for rheumatism. Diagnosis: Trophic disturbance in the nervous system—is on treatment and slowly improving.

3. Married woman, aged 23, very tall; she has closely followed since early girlhood a diet of sweets; for over a year she has suffered from swelling at the wrist joints; pain, however, is the principal symptom, this being more or less constant, shifting from one part to another; she had been thoroughly treated for rheumatism. Examination resulted in practically the same findings as in the previous case. She is satisfied with the diagnosis of nerve disturbance and is improving under treatment, which is still being continued.

4. Man, aged 81; retired in 1903 from a long and successful work of over sixty years, in engineering; complained of pains in knees and finger joints; swelling of the latter; pain also down the course of the sciatic nerves; stiffness of lower extremities, greatly interfering with locomotion. He had taken rheumatic remedies. The blood showed free subdermal oil and was below par as to color; slight ropiness of red corpuscles. Urine occasionally slightly albuminous and a few times casts have been found. Diagnosis: Trophic disturbance in the nervous system. This gentleman has slowly but steadily improved. Locomotion is now without pain, joints are normal and he goes to his office daily to look after consulting work in his profession. His heart, which had troubled him because of weakness, has much improved.

5. Man, aged 38; overworked and mentally distressed by a tangle of finan-



Babinet adduced the theory of currents as affording irrefutable proof of the impossibility of an ocean cable.

De Beaumont never ceased to deny the possibility of a fossil man; and Riviere was never decorated for finding that at Mentone.

cial cares enough to put most men out of business. Liberal feeder on sweets. Urine bilious, much oxalate of lime present; blood showed fat globules in white corpuscles. He thought he had rheumatism. Diagnosis made of nerve trouble. Hygiene as to food, solid and liquid, with some medication restored him to health which he has maintained though still burdened by business cares.

6. Middle-aged woman in bed with stiffened neck, and right shoulder and elbow joints; unable to repose in horizontal position; was continually kept propped up by pillows; blood showed some free oil, fat in white corpuscles; urine slightly albuminous with occasional casts or fatty epithelia. Case presented distinct appearances of arthritis deformans. She was rigidly treated by food, medication and hygiene; total recovery in eight months' time.

7. "Spring of 1904, a man aged 55, consulted me; by profession a civil engineer, thoroughly educated here and abroad; with this training and the best of habits, business and personal, he had achieved a marked success.

"Weight, 156; height, 6 feet 2 inches; for four months he had been suffering from a cold on the lungs. A consulting physician had told him he had a tubercular lesion of the right lung.

"Examination: Right lung normal with the exception of occasional rales, upper portion; left lung, rales over lower half—slight increase on percussion of dullness; heart somewhat enlarged and beating at 100; sputum profuse containing mucous corpuscles, enlarged and distended by granular gravel—also gravelly concretions freely found. Finger nails normal; no fever, no hectic conditions, no night sweats. Blood showed

slight tendency to ropiness of red corpuscles; there were present but the slightest increase of fibrin filaments and no evidence of tuberculous matter of which much has been written by American writers and myself. Urine normal except as to some bile and protoplasmic colloid catarrh; liver somewhat enlarged. The two things which disturbed the patient were, pain in both lungs and loss of flesh.

"Diagnosis: Tuberculosis negatived. It was stated that the left lung was in an asthmatic catarrhal condition; that the liver was enlarged and that the nerve symptoms were an accompaniment of the presence of protoplasmic colloid catarrh in the urine and that there was danger of serious trouble in the nervous system; this was enlarged upon to the members of his family and a careful prognosis given. He was put on treatment and was somewhat improved for a few weeks; then the pain element became worse and it was necessary to put the patient to bed. The gravelly condition of the sputum diminished, together with the amount of expectoration; urine cleared of the bile and catarrh; the blood which had not been far from normal, became normal; yet the pain element still increased; first one lung, then the other; then the right side, over the liver, then in the bowels; then in the legs, then the thighs and finally it located itself in the right hip; at this time, the liver had increased in size and was freely felt under the margin of the ribs.

"The patient placed himself under the joint care of Dr. George F. Lightfoot of Arlington, N. J., and myself, and after a consultation with New York and Newark physicians the diagnosis resulted as follows: No tuber-



Young and Fresnel, who established the undulatory theory of light, were ridiculed by Lord Brougham for it.

Mayer, who originated the thermodynamic, was so discouraged by official scepticism that he threw himself from a window.

culosis, though at times the left lung was markedly dull on percussien; one of the consultants, because of a lump found about the size of an hen's egg under the liver (which later disappeared), suggested gallstones and that the pain in right hip came from said alleged gallstones as a reflex. Both consultants agreed that the possibility of a nerve degeneration was the only solution and that it was due to an attack of *la grippe* two years before; one suggested operation for the supposed gallstones, which the family as well as Dr. Lightfoot and myself could not agree to. Surcease in part from pain only by the use of morphine which would bring back bile in the urine, and the liver would swell; yet calomel in divided doses would relieve. Patient steadily losing flesh; the closest medical care given and the sick man eats well.

"In June, the family desired that the writer's father, Dr. Ephraim Cutter, who at the time was out of the state, should see the case; he responded and about four hours were spent in the examination of the patient, and his blood, urine, feces and sputum. At this time, the pain which had been such a fearful symptom, had much diminished; the patient was taking much less morphine and was eating well; but a new symptom had arisen, to-wit, difficulty in swallowing. A most careful laryngological examination of the throat was made by the consultant; beyond a dryness of the mucous membranes, there was nothing abnormal; yet it was almost impossible for the patient to swallow; the consultant assured him that it was absolutely necessary for him to eat and drink. This was on Tuesday; and some improvement in deglutition was noted on Wednesday and

Thursday. This was but temporary; the difficulty returned with increased force; nourishment given by the rectum, but the patient went quietly down the hill and died the following Sunday. No autopsy, though much desired by Dr. Lightfoot and myself.

"The diagnosis reached at the final consultation was of nerve degeneration; that the abatement of pain in other parts of the body showed amelioration and that the symptoms as to the throat were caused by a breaking out of the disease in the nerves governing the same; that if we could carry the patient over that point in the history of his case, he stood a reasonable hope of recovery. It is hard to fight out such a losing battle as this was with Death and to the physicians in attendance the only pleasing feature was the splendid coöperation of the family and their satisfaction that the best had been done."

8. "The mother of a large family, aged 62, began to complain of pain in the feet, making walking difficult; she for many years had been a fine pianist, but at this time playing became difficult, as the joints of the fingers began to swell and stiffen; returning from the seashore, rest was enjoined and the feet symptoms improved, but not those of the fingers; further she suffered from facial neuralgia; teeth, true and false, in good condition and thus were not a cause. She was warned to take the best of care of herself, as these continuing nerve symptoms were ugly and threatened oncoming locomotor ataxia.

"Dearly loving a large class of children in a Sunday school, she overdid in her ministrations; a visit away for a few weeks ameliorated symptoms but little and in February, 1898, she went to bed.



Ohm, the great electrician, was treated as a madman by his German countrymen, and Holland refused to patent telescopes.

Flaïmmarion suggests that the petrified savants who oppose all new ideas may be of use as landmarks of human progress.

By this time the knee joints began to swell; the trouble in the fingers increased; the elbows and right shoulder joint were affected; the slightest movement of limbs caused excruciating pain, so she was kept immovable in bed or was moved in the morning to a Cutter resting chair in which the body, thigh and legs were perfectly supported.

"The knee joint swellings advanced, so that the outline was an even symmetrical curve. Appetite good and directions closely followed. In June, a sudden death in her family caused her the greatest grief, yet for the sake of her husband and children she rallied and after a time in the Cutter chair was moved to a Fall River Line steamer and taken to Buzzard's Bay. Her heart behaved well through all this terrible siege except once, when she fainted while at the shore, but was speedily revived by lowering of head and body in said chair. From this time, there was slow but steady progress. She returned to New York in early October and despite her grief she took a bright view of life and by January was so much improved that the swellings in her knees and other joints had all disappeared and she was able to walk on crutches across the room. Against the wishes of her adviser, this she repeated the following day; soon there supervened a cystitis and we get the sad result of death in about ten days after all this gallant fight for life for the sake of her family. The many months of pain, she had successfully fought; tissues under degeneration had been repaired, yet a new spot of degeneration affecting the bladder, caused death."

9. "In 1892. Young man aged 28; in childhood had suffered severely from the sequelæ of scarlet fever which had

dwarfed his intellectual growth. While passing puberty he was desperately ill with lung trouble, called consumption. Since this time his health had been fair, when he began to present the pain symptoms of locomotor ataxia and at the climax of his conflict with the disease, if placed upon his feet, the degeneration of nerve tissues had been such that the body was flexed laterally on the hips, the right hand touching the floor. He was placed on a stretcher, taken to the depot and thence to Maine to a summer resort. Treatment carried on by correspondence, specimens being examined thrice weekly and once during the summer a personal visit made by his medical attendant. This patient made a thorough recovery so at this date he walks normally."

Other case histories might be given; lack of space forbids. Credit for ideas herein written should go to physicians. My own teaching, 1883-'86, was destitute of any promise of relief in locomotor ataxia, and I do not find in the output of our professional laboratory workers anything of encouragement; the study of diseased tissues alone seems to prevent a man from acquiring any ideas as to Nature's power to heal; and if it was not for what I learned after graduation, from my father, Dr. Ephraim Cutter, of this said curative power of Nature, when rightly assisted and not prevented, I could not have done what I have done.

Causation.—Overfeeding of fermenting foods which produce paralyzing gases; these same foods are also deficient in the chemical elements to make normal tissues; overgrowth; overstrenuous life; old-age degeneration; specific disease, a latent cause which finally



Five years after Comte denied the possibility of ascertaining the chemical nature of planets the spectrum revealed it.

Astronomers of the seventeenth century said it was impossible there could exist more than seven planets.

breaks out with tremendous results even in the second generation.

Pathology.—Given an interference with the nutrition of the nervous system, the said system cries out for relief; this is the ancient idea of neuralgia. If the causes noted above are not arrested, fatty or fibrous tissue is laid down in the place of the normal, arresting conductivity of nerve impulse, with a continuance of the pain, disturbance of the functions of motion, peripheral trophic changes in joints and muscles; in some cases I have seen furrows in the skin deep enough to lay one's finger in. Case 8 presented such; another case, not here noted, presented such pathological change in the subdermal tissues with other disturbances, though the patient, over seventy years of age, is in fair health now.

Diagnosis.—Pain is a beneficent warning of nature and in these cases is so persistent that if the physician ignores it, he will soon be discharged. The blood generally presents free subdermal oil in specimen, fatty globules in white corpuscles; the urine, occasional casts or albumin or fatty epithelia. The accurate signs of locomotor ataxia, paralysis agitans, spastic paralysis, when well advanced, need no recapitulation; these nerve degenerations in their prodromata are often confounded with rheumatism and patients are bitter because of the false diagnosis and loss of time. It is necessary to warn a patient with only part of the signs here given, that he is in danger of serious nerve degeneration; in case 8, with only a facial neuralgia, pain in foot and swelling of finger joints, an accurate prognosis was made and a most earnest warning uttered. As to rheumatism, no accurate differential diagnosis can be made except by im-

mediate blood examination for the morphology of that fluid in rheumatism, and rheumatism varies, is very definite; and on this definite diagnosis, the very issues of life may depend. Negative rheumatism by blood morphology and the clinician has a well-defined field of action ahead of him in the nervous system.

Treatment.—The aim is to rid the urine and blood of all abnormalities and keep them so rid; electricity, massage—mechanical and human—the injections of concentrated animal fluids, the exhibition by the mouth of concentrated foods are all under test. The use of antitoxin deserves most careful experimentation, especially if there is a specific taint. Cupping and other pneumatic appliances do not appeal to me. I cannot see any therapy in taking serum from the body which ought to be used as nourishment. Granted that this abstraction may result in stirring up enfeebled circulation in the diseased tissues, I yet believe it to be dangerous, to be used if at all with great caution and only under the greatest compulsion. The foregoing are yet only adjuvants, if proved equal to all the claims made for them.

The most pervasive agent for tissue reclamation is food; as soils are restored to fertility by rest and proper feeding, so may Nature restore normal in place of diseased tissues, by proper feeding and all the aids we have in our armamentaria medica. The best food is broiled chopped beef; that is—beef of well-fed animals not over driven before death and killed at the age of four years. Butchers know what such beef is; buy the middle of the top of the round, free it from fat and fascia and chop in a machine; mould it into cakes an inch and a half deep and several inches wide; do not



The human brain is made in every case of much the same materials. The majority of the public is the same.—Flammarion.

Doubt is a proof of modesty and has seldom hindered the progress of science, said Arago. Cannot say this of incredulity.—Flammarion.

press too tightly together; broil over a bed of good live coals, or with a gas stove, turning often till the color outside is dark brown and inside red but not raw; serve on a hot-water plate and season to taste with pepper, salt, butter. Worcestershire sauce, as desired. In all this preparation touch the meat as little as possible with the hands as the human animal heat changes the taste of the meat.

If the beef is all right and directions are carefully followed the resultant will be a preparation pleasing to the taste; of this a patient should eat three times a day, and with it may be taken the whites of two eggs dropped in boiling water and cooked hard; or as an appetizer, occasionally, a thin slice of bacon broiled. Some patients will eat up a pound of the broiled chopped beef at a meal and these give the attending physician the greatest comfort of mind.

In the serious cases, the diet must be practically broiled chopped beef, with tea or coffee if they agree (no sugar); celery generally allowed. As the serious cases begin to improve and have gotten well started in confirmed healthy tendencies, a native well-ripened peach or some toast or sparingly of some other vegetable food may be taken; but all this progress depends upon the responsiveness of the urine and blood; if they are upset, go back to first principles.

The milder cases or those in the prodromata may be fed on broiled chopped beef as a prime food, with changes to roast or broiled beef, lamb or mutton, the dark meat of turkey, fowl or game; non-oily fish occasionally, likewise oysters; clam juice and soft clams often permissible.

From the vegetable food kingdom—baked potato, rice, hominy, the various wheat preparations, spinach, string beans, peas. Choose one at a meal. Avoid oatmeal, baked beans, vinegar, salads, desserts, cakes, sweets. In fact, I have indicated here the safest foods. Relishes: Pepper, salt, butter, Worcestershire sauce, lemon juice, celery, prunes (unsweetened and cautiously), water-cress.

In all cases, employ the drinking of hot water one hour before each meal and on going to bed; to be raised to the boiling point, and cooled in a saucer and sipped at a comfortably hot temperature; best to use an aerated distilled or neutral spring water.

Medicines.—Digestives, tonics, sedatives, cholagogues, cathartics; this is the attending physician's own field and he must work it out himself. He will be especially bothered to get along at times without the use of morphine and once in a great while will have to use the same; if so, keep the bowels open by the use of exsiccated sulphate of soda, c. p., taken with hot water at night or morning according as the patient responds. The physician will find, however, that he can work up some combinations from the minor sedatives which will be of value.

The last point in the management that I would call your attention to is the need of watching specimens thrice weekly. If you cannot see your patient and make direct blood examinations, then you will have to rely upon the chemistry and morphology of the urine and the morphology of the feces to keep in touch with the patient's progress.

Keep specific gravity of urine at 1015 to 1020; if it falls below 1015 you can diminish the amount of water somewhat.

Finally imbue your patient with hope,



Of 27 persons seized with smallpox last week, 23 had never been vaccinated and the rest not for 20 years or more.

The people who take smallpox are those who say: "I'm not afraid of smallpox; I never take any disease."—Spalding.

and fight manfully for his restoration; some cases you will lose, but you will have the satisfaction of relieving; but I

believe that the majority of the cases can be vastly improved.

New York City.



FRACTURES: A NEW AND PRACTICAL SPLINT.

FIRST-INTENTION UNION SECURED WITHOUT PROVISIONAL CALLUS.

BY E. L. COOK, M. D.

I HAVE no apology to make for choosing this subject for a paper. When we remember that seven-tenths of the malpractice suits come from deformities following fracture, and that one-half of the lame and halt come from the same cause, is it not time that we should stop and ask ourselves, Has the treatment of fracture reached perfection? There has been very little advance in this branch of surgery in the last thirty years—we might say none at all, as compared with other branches of science.

Now let us look at the pathology of the union of bone as taught then, and then add what is new on the subject. Our older authors tell us that the process of the union of bone is the same as that of the soft parts, with the addition of the carbonate and sulphate of lime; then they immediately inform us that there are three different stages: The first stage, called the preparatory stage, lasting on an average eight days, during which time nature is preparing the parts for the second. During this time absorption of extravasated blood takes place, the spasm of the muscles subsides, pain disappears, intermuscular inflammation is disposed of, and traumatic fever subsides. Thus, the parts and system are made ready for the work of repair. Now if the parts be examined at this time it will be seen that the ends of the broken

bones, as well as the periosteum, will be covered with a plastic matter resembling current jelly or a thick solution of isinglass, most abundant on the face of the bone, and often sufficient to lift the periosteum. A similar substance, but less abundant, is found within the medullary canal, the lining of which is in a state of inflammation. In the latter part of this stage, which lasts from the eighth to the twentieth day, the newly-effused matter, which differs in none of its properties from that which serves to unite a recent wound, becomes gradually more and more solid until it becomes of the consistency of a concrete substance.—Gross.

According to other authors fractured bone is ultimately united by being soldered together by the deposition of new bone around, within, and lastly between, the broken fragments. The new bone that constitutes the union is termed callus. It is formed partly external to the fracture, increasing the broken ends, and partly in the medullary canal so as to include the fragments between the new bone and maintain them in contact. That which is permanently left, and which intervenes between the broken ends is called the *definitive callus*. That on the face of the bone is called *provisional callus*. The production of callus has been studied with much care by



Heat of an inflamed part is now thought due to dilatation of the vessels with a freer supply of warm blood.—Brunton.

In inflammation the protoplasm closely approaches the periphery of the cell and is oxygenated readily.—Brunton.

Haller, Duhanel, Villerne, Stanley and Paget.

From the observations of these pathologists it appears that the union of bone takes place through the medium of plastic matter deposited by adhesive inflammation set up in the injured bone itself, in the periosteum, and the adjacent parts. The whole process, indeed, is strictly analagous to that which takes place in the ordinary healing of a wound by adhesion and the development of cicatricial tissue. After making a careful review of the pathology of union of bone, as taught by these authors, and comparing them with that of recent writers, little has been added, and I think I might say the same as to treatment, and the results of treatment; and yet these writers date back to the time when the renowned Paget surprised the world by reporting a case of amputation of the breast of a woman 33 years old that healed by first intention, save by a small granular spot of the pectoral muscle—where erysipelas set in and carried off the patient in a few days. In speaking of this matter Dr. Gross says: "The only case, it seems to me, in which such a mode of union would be at all possible, is where the edges of the wound, as, for instance, one of the hand, are carefully approximated immediately after the receipt of the injury, thus affording the vessels and other structures an opportunity of promptly regaining their natural relations."

I have called your attention to this instance for the purpose of more forcibly impressing you with the difference in surgical operations of the soft parts, then and now. This being accomplished, I would ask what advancement in treatment or results of treatment, in frac-

tures, has been made during this time. As we have seen from the above, the union of bone is accomplished in the same manner as that of the soft parts, only requiring time in proportion to its density and strength. It occurs to me that, with proper treatment, it could be classed the same.

The first thing in dressing a wound of the soft parts is to control hemorrhage, second to render the parts aseptic, third to approximate. Then comes our final dressing. Not so with the union of bone. We have no sepsis to contend with, and seldom hemorrhage. A clot of blood even between the ends of the bones is not supposed to interfere with union. Thus, our first duty is to approximate the ends of the bones which, in most cases, should be done under anesthesia, and should be done as soon as possible after the injury, before any swelling has taken place.

The surgeon should know that the ends of the bones are properly adjusted before any restraining apparatus is applied, and when applied it should fit the contour of the limb, making equal pressure on all parts of the same, and this pressure must be sufficient to control muscular spasm, including all muscles the attachment or insertion of which concerns the injured bone. This appliance must consist of a roughened exterior surface so that the slipping of a bandage is prohibited in that every turn of the bandage remains as applied. Then the surgeon has accomplished in a few minutes what it takes nature eight or more days to perform. Then we shall have no provisional callus.

It has been proved by the above pathology that provisional callus is formed by the continuous working of the ends



Blisters cure chronic ulcers by increasing circulation so that repair may go on rapidly, restoring health.—Brunton.

Section of the sympathetic, causing dilatation of the eye vessels allows more blood, better nutrition, preventing ulceration.—Brunton

of the bones caused by muscular spasm, and that the reparative material thrown out to form new bone is thus worked out and spread upon the face of the bones to the extent that new bone is first formed around and outside of the bone in such manner as to retain the bones in position, and finally, to so seal the sinus as to retain the reparative material between the ends of the bones to complete the union.

Notwithstanding this, all authors speak of provisional callus as accompanying almost all fractures (the head of the femur and the humerus excepted).

Hamilton tells us he has had a few cases where it did not occur, the reason for which he cannot give. The reason given why callus does not form in the above cases is the scarcity of blood supply, and yet union takes place in these fractures in about the same length of time as in others. I think a better and more logical reason would be that they were not affected by muscular action, and consequently the reparative material was retained where needed. As these cases usually occur in elderly persons, it would be natural that a longer time would be required, hence our eight days is not lost sight of.

I make the assertion that the time will come when a thick and roughened provisional callus on a united bone will be looked upon as would be a large granulated cicatrix from an incised wound today; that union of bone will be classed the same as union of the soft parts, as by first and second intention. That a provisional callus is regarded by nature as a foreign substance, is proven by its removal by the same source, and I am firmly of the opinion that many of the aches and pains complained of by per-

sons convalescing from fractures, are caused from pressure upon the adjacent parts from this unnecessary product.

If we can control muscular spasm in these cases, we have solved the problem of extension and counter-extension. The shortening of a limb is usually caused by contraction of muscles. With this we will no longer have to contend. We shall only have to provide against shortening from other causes less perplexing and dangerous, which will not cause pain or inconvenience to our patient.

It is true that I am only a country practitioner, and to assume to dictate to those whose opportunities for observation exceeds mine many thousand fold, may seem presumptuous, and my opinions to have little or no weight, but when I am through I will feel that I have at least done my duty, not only to myself, but to my fellow men.

In conclusion I will say that within the last five years I have reduced and dressed twelve fractures of the arms and legs of children and adults ranging in age from six to over fifty years; in only one of which there was any perceptible provisional callus. In that one the splints were allowed to remain only at the pleasure of the patient, which was, I think, more my fault than hers, as the splint did not conform to the parts. I had no means of stamping it in proper shape. Two of these fractures in children were not simple fractures.

One was a fracture extending from the elbow-joint three inches up the humerus, the under side breaking off, which united without callus, and giving a movable joint. The second was a comminuted fracture of the humerus at junction of lower and middle third, caused by a hosecart weighing one hundred



Pain of inflammation is due to pressure on nerve ends, and is most intense when the swelling is confined.—Brunton.

Dr. Ephraim Cutter is making a strenuous fight for the maintenance of the purity and safety of meat by the government.

pounds passing over the arm. The upper half of the bone was broken into fragments; the lower half, sinking in the ground, was merely a simple fracture. In this case the upper surface is enlarged but the size of the fragments can be made out by palpation. The lower half is as smooth as before it was broken. Splints safely removed in five weeks. In none of these cases was pain complained of (save and except the one where splints were not worn) after the first dressing.

Harlem, Iowa.

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We are glad to give space to this article. It deals with a very important

point. It is a straight verification of our oft-repeated experience in the days of general practice when we many times saw a perfectly adjusted and rested fracture unite with no provisional callus whatever; and although at first we removed our supports "with fear and trembling," we soon came to recognize it as an absolute possibility and to believe (although in the face of all surgery we did not dare to say so) that the orthodox, time-honored provisional callus was quite as unnecessary, in perfect surgical work, as suppuration in open surgical procedure. The matter is now before our readers and a fair discussion is in order.—Ed.



ACIDITY.*

BY W. F. WAUGH.

ACIDITY is a disease of elderly individuals, coming at the period when the appetite of an earlier age continues, but the digestive capacity has notably diminished. For many years the human stomach will withstand all the abuse that is so liberally dealt out to it, but there comes at last a time when it rebels. Then the man acquires that most undesirable bit of information—that he has a stomach. He learns that he must choose his food instead of eating anything, at any time, in any quantity, with any manner of eating that may come handy.

Well it is for him if he then makes a study of the physiology of the digestive organs and processes, and assimilates this information as it applies to his own

case. For we are not all cut from the same cloth, and there are innumerable differences in the individuals who make up our race, that may be inconsiderable or radical. Some can digest starches well, others cannot; and so it is with each of the great divisions of food, and with the individual members of each group. Indeed, many men cannot digest oatmeal gruel, which gives them waterbrash; but if the meal is made into scones they can digest them readily. Here the difference is due to the hardness of the scones which compels thorough mastication. And in this one word, mastication, are comprised the most important elements of this whole problem.

Thorough mastication means thorough insalivation; the starches should be chewed till they taste sweet in the

*Reprinted from the *Toledo Medical and Surgical Reporter*.



The relief from pain that follows when the inflamed part is elevated is due to the diminution of pressure.—Brunton.

Cold applied over the arteries leading to an inflamed part relieves pain by contracting the blood supply; less pressure.—Brunton.

mouth; and then the digestion is begun where it should be, and the subsequent process is easy. Then this thorough mastication brings with it the cessation of true appetite much sooner than when the food is bolted, or washed down with liquids. And the wise man who studies his digestion soon learns to stop eating as soon as the true appetite is satisfied.

It is incredible how little food is really necessary if perfectly digested and utilized. A case that made a strong impression on the writer was one of nephritis, where the patient lived for seven months on a pint and a half of well skimmed milk a day, and nothing else; and at the end was within a pound as heavy as at the start—and she attended to her household duties all this period. Compare this with the quantity usually consumed daily by the average woman or man, and it is evident that our food supply must largely exceed our true needs. Many agents will stop fermentation and the production of acid in the stomach for the time. The best method of administration is the small dose frequently repeated so that the fermentation has never a chance to recur, while the dietary measures have time to restore the digestive equilibrium. A granule of resorcin gr. 1-6, is preferable in taste to most individuals to carbolic acid or creosote, but either will prove effective if given every half to one hour. Irritability of the stomach may be alleviated by black oxide of manganese, or by cerium oxalate gr. 1-6 to 1-2, repeated every ten minutes.

The flow of gastric and intestinal fluids is increased by emetine gr. 1-67 before meals, and this should not occasion any nausea; if it does, lessen the dose till none is occasioned. Slight bracing of the stomach may be allowable at first, a

granule of quassin gr. 1-67 serving well. In the meantime the artificial digestives are essential—a few small doses of papayotin and diastase before each meal, to start the digestive process in the stomach, when the latter organ will continue it, even in cases where its powers are insufficient for the starting up of the process. This it seems to the writer is the true explanation of the unquestionable utility of the minute doses of the digestives usually administered, which are insignificant as compared with the quantity required to digest an ordinary meal.

If the stools are acholic nothing suits better than the old-fashioned mercury with chalk, gr. 1-6 every hour for six doses, followed by a saline laxative.

Anemonin, gr. 1-134 every four hours, has a good effect especially in cases attended with mental depression; but the rationale is obscure.

When gastric catarrh is present a whole train of symptoms will be engendered, but the management of these requires separate consideration. Suffice it to say here that no success is to be expected if this malady is overlooked. Constipation must also be alleviated, the bowels made and kept clear and clean, or failure will ensue after the best regulated methods of medication. In fact, in the fitting of these rules to the treatment of individual cases there is so much nicety required, that the foregoing must be looked upon as merely an outline, the filling to be done by the physician, and varying interminably.

But to one dietetic rule we have as yet met no exception—that cold drinks with meals are always and unmitigatedly injurious.

Chicago, Illinois.



Prussic acid acts by preventing the tissues taking up oxygen and not on the blood itself, like CO.—Brunton.

Quinine lessens the oxidizing power of protoplasm, and arrests or lessens protoplasmic movement.—Brunton.

Editorial Chat

THE MEANS, THE METHOD AND THE MAN.

AT first sight one might be inclined to ascribe to each unit of this trinity, equal importance; but a careful analysis will clearly prove that the man himself is, by far, the most important of the three. Given the best obtainable means and following the most approved methods, a second-rate man will produce but second-rate work. On the other hand, the genius, the well-equipped man, will devise his own methods and, with only the most crude and unsatisfactory means, produce a masterpiece.

After all, what are the most perfect means but the achievements of other master minds and hands; the most practical methods but the accepted lines of reasoning of some former acute thinker or thinkers? The man, it will be seen, is, after all, the main thing; and to the right man, method and means may mean much, but never *everything*, for the simple reason that he will devise the proper method, and provide *for himself* the best means for accomplishing a given thing in the most advantageous manner.

Nevertheless it cannot be denied that the best man may be hampered by poor tools and may add materially to the burden of his work by following a faulty method. It may also be accepted as a fact that the average man is only able to do good work when he borrows from others that which is best in them. It is only by great and persistent labor that things are brought to anything like perfection, and, while the clever man could both perfect the method and produce the

means to do any given thing, yet in doing so he would have to waste an immense amount of time and energy which could much better be spent upon the work itself, had he a perfected method at hand.

The man, then, who would be successful will adopt the method which appeals to him as being the best and use such means as have been proven, time and time again, to be the most efficient. The greater the man, the more acute his perception, the deeper and broader his comprehension, the more ready is he to accept that which has already been accomplished and the more certain to use the means already at hand to achieve still greater results.

Were each one of us to begin at the beginning and refuse to do aught save by methods and with means we had ourselves devised or provided, each generation would remain always at about the same station in life's journey, and be ready to die just as some degree of usefulness had been attained.

It is essential, then, for the man to use great care in accepting or rejecting methods which offer themselves, and to adopt only the best of such as may best serve his purpose. "Many men, many methods" is an old saying, and we might well add, "one end, many means;" still, the fact remains that *there is always one really best method and means to reach any desired end*, and that should be the goal sought.

It will not suffice to use any means and

follow any method; there is where the man proves his preëminence over both mode and matter. He thinks! and thinking, discards *this* as faulty, *that* as wrong. The cumbersome may have sufficed for others, but he demands something less crude. The apathetic mortal may have followed the easiest path, but the man goes straight to his goal, removing or surmounting obstacles as he proceeds.

The man who succeeds, therefore, is the one who adopts the best methods and uses the most perfect means to attain a given end. Applying everywhere, as it does, nowhere does this fact apply more perfectly than it does in medicine. In the treatment of disease we are offered the choice of many methods and have placed at our disposal a host of means. Unfortunately mystery and medicine were, for so long a time, akin, that only of late years has the latter been clearly separated from the former. Even now it takes some discernment to sift the true from the false—the useful from the useless.

Alkalometry — active-principle therapeutics and practice—has perhaps done more to make the use of remedies a scientific procedure than any other one thing. It has threshed the straw and found the grain—dug away the earth and revealed the diamond—and now it remains for the man to accept the means offered him and follow the method which has proved itself superior to any other so far available. The mediocre mortal is satisfied with anything; he who aspires ever to better things reaches ever for the best means and the best methods.

In medicine there is today a new method, and the best means to attain your end are at your service.

Be the *man*, Brother, and use only the means and the method which compels success.



MEDICAL SECTARIANISM ALL WRONG.

Exception has been taken, and with some reason, to the mention of homeopathy with the long list of quackeries in a paper in last December's *CLINIC*, page 1239, "Why the Quack?" We will premise by saying that the inclusion of homeopathy was unintentional, it having appeared in a list which was transcribed into the paper bodily, and the writer did not notice that this was among them. But as it has appeared, we will accept it, and ask the question, Is homeopathy quackery?

There are two ways of considering such a matter: First, from the standpoint of human rights; if the physician chooses to believe and practise the law of *similia*, he has a perfect right to do so; and here we stand with him as asserting that right. Nor is this quackery, any more than the belief in the value of electricity, massage, surgery, or any other remedial procedure is such, and if one desires to specialize on this line, and so announces, he has an undoubted, unquestioned, inalienable right to do so and we honor him, so convinced, for doing it. Even if we were to disagree with our neighbor as to the real and relative value of either of the remedial methods named, we could not look upon his belief and practice as quackish. Far from this! We would fight for his rights as quickly as if his belief were the same as our own; for, in truth, the assertion of his rights confirms us in our own. We therefore



Heat applied over an inflamed part relieves pain by dilating the capillaries and thus relieving pressure on nerves.—Brunton.

Aconite slows the heart more markedly when small doses are given, frequently repeated, I think.—Brunton.

do not look upon a belief in the honest practice of homeopathy or any other "pathy" as rendering a man any less "regular" than ourselves.

But when a man not only believes and practises such a method, but goes farther and claims there is no other basis for treatment, that all must be included in *similia* or some other basis for "pathy"-ization, that there is no other way in which a patient could or should be treated, then we must classify him among the quacks. When he would allow a patient to die of gallstone colic without employing anesthetics or anti-spasmodics in doses large enough to overcome the spasm and give relief, or without resorting to surgical intervention if indicated, but adheres to his infinitesimals though evidently ineffective, he is a quack; and all the more dangerous if he is honest in his belief, since this shows him to be a man who can not or will not open his mind to the reception of any but a certain limited range of ideas. There are limits even to the freedom of a man in his belief; and one of them is the permitting fellowmen to suffer and die rather than learn or admit what goes against his preconceived ideas.

We say nothing about the truth or fallacy of the reasoning upon which the system of Hahnemann is founded—that is a matter for individual belief, as we have said; and we do not care to enter into any controversy about it. But we object to all sectarian designations. We plant our feet on the broad platform, that *the doctor must be the doctor unlimited, free and ready to use any and everything that will help his patient, and not restrained within any limits by exclusive theories.* With this

creed there is nothing to hinder his employing the quadrillionth part of nothing if he so chooses; or a table-spoonful of epsom salt every fifteen minutes if he really believes it is indicated. The doctor is responsible for what he does; and if a better remedy be within his reach and he neglects to inform himself of it, or to use it, he has gravitated from the lofty position of the true physician, and is merely the advocate of a sect. His object is not then to cure his patient, but to cure him if it can be done by the use of a certain system.

We believe, however, that the vast majority of physicians now, from habit, calling themselves "homeopaths," those who have graduated at colleges so denominated and hence perforce numbered among that sect, agree with the writer in their practice if not in their creed, and that they are willing to and do use the smallest possible quantity of the best obtainable means to produce a desired therapeutic result—"best" as they see and believe it, standing nobly ready to accept a better if offered and well proven so to be.

In this connection we are glad to refer to the article by Dr. Parsons, a dear friend and neighbor, which appears in another column. With most that he says we heartily agree. The chasm between homeopaths and regulars ought to be bridged and we shall be glad to furnish a few "planks"—alkaloidal ones.



THE FORMULAE OF "ETHICAL" COMPOUNDS.

While the trend of modern scientific therapeutics is along the line of the



Movement is almost always due to oxidation, whether it be in animals, plants or machines.—Brunton.

We begin to look on pus formation as indicating a useful reaction of the organism against the invading leucocytes.—Brunton.

"single remedy," as far as it is possible, and which we constantly endorse and practise, there are many remedies of a "compound" character, without which it would be next to impossible to successfully practise medicine. The single remedies—quinine, strychnine, iron, mercury, iodine, etc., take care of themselves. These may be obtained from any reputable manufacturing chemist; anyone may prepare pills or tablets or solutions for himself or for the profession.

The compounds—those that are of any value to the physician—are usually the result of much study as to their proportions, for chemical and therapeutical reasons; special care in selecting and manipulating the crude ingredients; long experience in making and operating special machinery, the slow, sure outgrowth of such experience; the absolutely necessary element, not reducible to cold figures, of *personal skill* that comes by repeated operations along a given line; an outlay of much money in experimenting and putting the compounds before the profession—all these and perhaps other factors, enter into the so-called "ethical" compounds.

By these compounds are meant such as are made for and prescribed by the medical profession. Their value to the doctor depends upon the integrity of their compounding. They become known and used by the doctor very much as the "single" remedy—to produce the same thing always in the same way. Whether it is "Fellows' hypophosphites or "Antiphlogistine," the doctor who uses them recognizes a certain reliability—sameness—in the compounds to which he attaches a value not computed in dollars and cents alone. He knows, or believes

he knows, the ingredients of the compounds he prescribes, because he gets uniform, expected results. It is not necessary that he know the exact working formula used in the laboratory; he is not interested in the pharmacal aspect of the question save in so far as his therapeutic knowledge of the compound is affected. A complete mental calculation of laboratory formulæ and processes, would be rather an incubus than a help to him as a physician. The publication of the exact formulæ of our trustworthy compounds would work to the doctor's great disadvantage by placing such knowledge at the disposal of every manufacturing pharmacist in the land, regardless of "ethics," experience, skill or personal responsibility, in the preparation of remedies for the physician, for while "all men are born equal," they do not all remain so.

The fact that secrecy is maintained in the compounding of quack nostrums and so-called "patent" medicines to mystify the laity for whom they are made, naturally prejudices the honorable physician against the use of any compound, the exact formula of which he does not know. But, as there is a difference in the two classes of compounds mentioned—one of scientific invention and preparation for the doctor's prescription; the other, a nostrum made for purposes of gain only—should not the doctor, for his and his patients' good, assume a different attitude toward the one from that naturally accorded the other? Should he not prefer to use a compound guaranteed by a reputable manufacturer to be the same from day to day, knowing the remedial contents thereof but not the exact working formula, which is kept by the manufacturer for *their* mutual protection? Is it a question, only, of monopoly on the



Sometimes microbes invading organisms are killed when the temperature rises to a certain height.—Brunton.

The benefits of quinine in ague are due to its action as a poison to the plasmodium.
—Brunton.

part of the manufacturing pharmacist, or partly a question of insuring integrity of composition and uniformity of results, when it comes to requiring the publication of the exact formulæ for the many extremely useful compounds used by the profession?

As all physicians are not, by any means, equal in skill and successful in practice, though they should all have the same books, instruments and remedies at their command; neither do manufacturing chemists enjoy equality as to their ability or desire to reproduce the required exactness, uniformity, and reliability so necessary to the practising physician, in the manufacture of "ethical" compounds.



OBSTACLES TO PROGRESS.

Among our foot notes will be found a number of striking instances, quoted from Flammarion, of the incredulity with which great innovations were received by the scientific leaders of each day, because they did not agree with their previously elaborated systems. Eugene Dus dedicated a work thus:

To the memory of all savants,
Breveted, patented,

Crowned with palms, decorated and buried,
Who have been opposed to the rotation of the earth,

To meteorites,
To galvanism,

To the circulation of the blood,

To vaccination,
To waves of light
To lightning rods,
To daguerreotypes,
To steam power,
To propellers,
To steamboats,



Congestion of the liver renders quinine useless by interfering with its absorption; unload the liver first.—Brunton.

To railroads,
To lighting by gas,
To magnetism,
And all the rest.

And to all those now living, or shall yet be born,

Who do the same in this present day,
Or shall do the same hereafter.

Many an instance might be added to show that human nature has not altered, and that each new idea is still received with opposition and incredulity at the present day. We who are advocating an advance in medicine, whose utility is so obvious that the educated laity can scarcely be persuaded that it has never been adopted, find this spirit our most difficult obstacle to surmount.

This spirit may be easily appreciated by anyone who will try the following easy experiment: Take the first brother practitioner you meet, and tell him of some useful procedure you have employed in your practice. Will he thank you, or even consider it? Not much! He will hardly wait for you to finish before he is telling you how *he* treats those cases. The instinctive jealousy that arises at the sensation that another man is so much as indirectly suggesting his superiority over you, would be amusing were it not so contemptible.

But do not despair. If you possess the confidence of his druggist you will find that he has appropriated your ideas and is trying them, though he wouldn't own it for the world, until he has devised a means of so modifying the original that he may claim it as his own. The man who seeks to introduce improved methods to the medical profession must needs be free from self-seeking, and satisfied to do good without receiving credit for

Croire tout decouvert est une erreur profonde,
C'est prendre l'horizon pour les bornes du monde.
—Lamartine.

his efforts. This, in addition to foregoing all thought of receiving any pecuniary return for the product of his brain.



MODESTY A VIRTUE: PUSH WINS.

Once in a while it is well to overhaul our beliefs and axioms, and see if they are true, true now, true ever, true always. Times change, and our views change with them. The stress of a critical period in the life of a nation, a race, a religion or a man, will make certain qualities absolutely necessary, and then they are virtues. But when the emergency has passed, and the piping times of peace return, the stern qualities that were needed cease to be desirable, and those who still display them are *persona non grata*. The sword and spear may be transformed into passable plows and pruning hooks when peace is assured, but while the enemy is at the gates he would be a fool indeed who then made such an alteration.

Apply this reasoning to a man who has his career as yet before him. He finds this world full to overflowing. Every place worth occupancy is already tenanted. No one is "needed." What is to be done? Even the ranks of the tramps seem to afford no opportunity—they will make things hot for a newcomer.

Choose the work for which you are best fitted; select your niche and then make yourself the best fitted for it, better fitted than any possible competitor. Then it is "up to you" to make others see this. Push! Thrust! Fight! Use arms, teeth, legs and head, in the effort to get there—an effort so determined that every obstacle is thrust aside and every competitor flung into the ditch until it is yours. Don't be namby-pamby, lacka-



daisical, timid about "what people will think of you"—make them think you are a strong, able fighter, and the rest doesn't matter so much. Fight fair, that's all. But make the others fight you fairly too—or wish they had done so.

Don't imagine you are going to avoid this fight; it is before every living creature—man, woman, animal and plant. The sponges fight for their living; so do the corals, jelly fish, monads, weeds. It is the law of nature; how are you going to evade it? Weakness, "modesty," simply allows less able men to take the place you could fill to better satisfaction—at least of yourself; lets the families of others have the advantages you might have secured for yours. There is a right and a wrong way to fight, but fight you must.

What passes for modesty is oftener laziness, weakness, timidity; that inertness that contents itself with sneering and carping at the successful man who has had the energy to do what the little weak folk did not dare attempt; or, attempting, found themselves too ill-prepared to complete, or permitted themselves to be diverted by less worthy objects. One might have done as well, *but* he had not the nerve when an emergency presented. Another might have done it *if* he had not been so fond of his dinner and his beer that he missed the train. A third would surely have set the world ablaze, *provided* he had had a match when the time came.

Success preaches modesty—to the other fellows. He has succeeded through his lack of it; he wishes to keep his winnings by encouraging it in others.

This is not the doctrine of the young lady's essay at commencement; she has been stuffed with platitudes and false

Far too many people take their own horizon to be the boundary of the whole world.

—Lemierre.

Bouillaud, in 1878, refused to believe the phonograph was anything but an ingenious example of ventriloquism.

ideals; but it is the true doctrine for the young and wide-awake man who believes in himself and is going to make the world share his belief.

KEEP A PULLIN'!

"Ef the tide is runnin' strong, keep a pullin'!
Ef the wind is blowin' wrong, keep a pullin'!
'Taint no use to cuss and swear—
Wastes your breath to rip and tear—
Ef it rains or ef it's fair, keep a pullin'!

"Though it's winter or it's May, keep a pullin'!
Ef you're in the ring to stay, keep a pullin'!
'Though you can't see e'en a ray
Sun is bound to shine some day,
Got to come 'fore long your way, keep a pullin'!

"When you're sick an' tired, too, keep a pullin'!
Never 'low you're feelin' blue, keep a pullin'!
Ain't no good in blamin' fate,
'Cause you're workin' hard and late,
Better say you feel first rate, and keep a pullin'!

"Fish don't bite just for the wishin', keep
a pullin'!
Change your bait and keep on fishin', keep
a pullin'!

Luck ain't nailed to any spot,
Men you envy like as not
Envy you your job and lot! Keep a pullin'!

"Sympathy is just a fake, keep a pullin'!
No one feels it when you ache, keep a pullin'!
Only this is worth 'erwhile
And you'll find it helps a pile!
When the wind blows hard, just *smile*, an'
keep a pullin'!

"Ef your runners strike bare ground, keep
a pullin'!
Don't give up and don't go 'round! Keep
a pullin'!

Wouldn't give a hoss his grain
Ef he wouldn't break his chain,
Back up prompt and pull again! Keep a
pullin'!

"'Spose yer haven't got a cent, keep a pullin'!
Not a red to pay the rent? Keep a pullin'!
Gettin' 'busted' ain't no crime!
Gorry, 'mighty!—That's the time
Grit will make a man sublime! Keep a pullin'!



Ptolemy grew hilarious over the theory of Pythagoras: that the earth circulated around the sun.

"Can't fetch business with a whine, keep a pullin'!

Grin an' swear you're feelin' fine, an keep a pullin'!

Summin' up, my brother, you

Hain't no *other* thing to do:

Simply got to pull her through! So keep a pullin'!

—Selected.

These verses, from our scrapbook, are so apropos that we requote them with apologies to those who have read them before.



THE "FAMILY MAGAZINE."

A single number of a certain "Family Magazine" before us contains 100 quack medicine advertisements, besides 37 beauty encouragers, corn cures, etc., and other delectable things like fortune telling and the like. Among the ads are to be found developers illustrated by cuts, sure cures for such trifles as cancer, fits, consumption, rheumatism, "jags," etc. This list does not include those in which the nostrum feature does not appear, till the curious inquirer has investigated the marvelous offers of free goods to be had for the asking—after selling a lot of truck to neighbors.

Why sit down and let these unscrupulous people steal our patients under our noses? We do not have to sit still and bewail the state of affairs. There is a remedy at our hands.

Evidently there is a demand for family literature, else so many of this class of periodicals could not exist. The field is so enormous that many find place. Among them there are some worthy ones which, like the *Ladies' Home Journal* and *Everybody's*, will not prostitute their pages to known frauds. We aid ourselves by encouraging the circulation of

When Lavoisier decomposed air into oxygen and nitrogen Baume protested against the idea of even reasoning upon it.

such reputable publications, and we also aid the legitimate advertiser; for he gains the confidence of the public by being seen in such journals as are known to refuse frauds.

Doctor, it is well worth your while to take the trouble of forming a club for Butler's *How To Live*. Protect your patients' health from nostrums, and their purses from rascals, and your own interests will be enhanced. If you haven't time, send someone else out to do the canvassing. You may thus aid some needy person to make a little money.



"HE'S A BRICK!"

When we hear that appellation bestowed on a man, we know just what is meant—he is a jolly good fellow, big-hearted and generous, ready to extend a helping hand to a brother in distress—and he does not wait to have the brotherhood proved, but accepts it on trust. Such men are the salt of the earth. Would it not be edifying to see John D. Rockefeller struggling in the flood of a spring freshet, and a man on shore dickering with him as to how much it would be worth his while to pay for being saved? For beyond doubt, if our big, generous fellow were to recklessly plunge in and rescue the oil magnate on the spur of the moment, the latter would laugh at him for his lack of business sense. In fact, if he had well learned the lesson of Rockefellerian finance he would leave the multimillionaire floating till he wired the independent oil trade as to what they would pay him to let Mr. R. alone.

But, *revenons a nos* "brick"; There are other applications of the brick simile. Most men are destined to be bricks in the social structure—and well for them



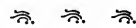
Lavoisier wrote a report showing the impossibility of aerolites falling from the skies to the earth.

when they learn that they *are* bricks, and cease trying to be cornerstones, keystones, or even the golden tips of the lightning-rods. Our ambitions are misdirected in that we try to climb as high as we can instead of trying to get into the place where we best fit.

Lightning-rods are of questionable utility anyhow, and, besides, are exposed to a good deal of weather up there. They must be lonely too; and altogether there is much to be desired in the position of just a plain brick among the other bricks.

Be contented to be a brick, pressed, polished, enameled in iridescent hues if you like; but recognize your place as a component part of the fair social fabric, sharing the admiration it excites with many thousands of others, each of them as worthy and jolly a brick as yourself.

Moreover, since virtue is its own reward, the man who realizes that he is not "the only pebble on the beach," wins higher honor for himself than the one who is eaten up with conceit. Team-work counts, for the individual members as well as for the club. Every member of a winning team stands higher than the best individual player in similar positions in other clubs. The capacity for team-work and team-discipline is worth more than individual efficiency. Therefore be a brick.



INDIVIDUAL RIGHTS.

The world moves but slowly. Man's nature changes little; his knowledge increases but imperceptibly, his outlook rises only through the centuries and tens of centuries. Calvin revolted against the dictation of Rome, and burned Servetus for a difference of opinion. The

Galvani discovered galvanism by accident, while preparing frog soup for his sick wife, and the wise laughed at him.

impetuous demand of men that their fellows shall and must adopt their views, not because they are right, so much, as because the demander thinks them so, is as yet too general to attract particular attention to the presumption.

There are a certain, few and well-defined limits within which we have a right to demand uniformity of belief, perhaps, and of action certainly.

Each man may defend his individual rights and enjoy the liberty of his individual actions so far as they do not infringe the rights and the liberty of others. Strong thinkers will impress their views upon their neighbors always, but it will be by conviction and not in spite of it. Strong natures will ever push the limits of their own across the border and into the lines of their neighbors' rights, but in general it will be like the bee building her honey-cell, which would be round but for the fact that she meets on every side the building operations of other bees, so that each prepares a perfect hexagonal cell instead of a round one.

Greed will ever seek to oppress, not the neighbor so much as the multitude. The soulless corporation that taxes the traffic all it will bear; the Captain of Industry who crushes his competitors by the weight of his power; the monopolist who debauches the legislator to secure franchise privileges, are all selfish users of power for unfair purposes, who transgress the bounds of their rights. But there is compensation here, too, for by so bending the law to private gain they destroy the reverence of the public for law, and this destroys in turn the basis of private ownership of property; so that in time they deprive themselves or their heirs of the results of their labors and rascalities. Unfortunately, they destroy

the nation at the same time; they enervate society and sooner or later render necessary another of those social upheavals that renovate the world at an incalculable cost of human suffering.

They are industriously building an enormous structure by materials drawn from its foundation. Is it not singular that the mental powers that can grasp and hold a billion are so blind to this, or so selfish as to blight the prospects of their own progeny?

But these are incidents. The world moves and humanity progresses along healthy lines. Never was there an age when morality stood for so much, when education and intelligence were so diffused, when the altruistic principle burned brighter. The waste places are being staked out and homesteaded by the nations; the light is penetrating into the dark places as never before; the leaven of civilization was never so strong, so unkillable, as now. Even the ghastly slaughter of the Eastern conflict and the Russian revolution is but another evidence of this enlightenment; and from it the forces that work for light will ultimately find a way into the last remaining great masses of darkness—China and Russia.

Even in medicine the rights of the individual are being recognized. The virulence characterizing the old fights of the sects has almost completely disappeared. Nobody bothers his head as to whether his neighbor is a "homeo," an "eclectic," or a "regular"; if he is a gentleman, a creditable representative of the profession, he is accorded social recognition as such, and as much professional fellowship as the laws and customs of the local associations permit.

The recognition of new truths and the



De Jouffroy invented a steamship in 1776, and by Perier's advice the government refused to allow a company to be formed.

Fulton failed to convince Napoleon and the English government of the possibility of steam navigation, in 1804.

use of new methods in practice scarcely ever is felt as a disadvantage to the one who adopts them, save perhaps among the little coteries that surround some eminent surgeon who discourages all therapeutics calculated to circumscribe his operative field. Sneers are not considered a sufficient reply to sound logic based on unassailable premises. The disparaging epithet of "commercialism" may discourage a weakling, but no physician who is earnestly endeavoring to better his means of treating the sick stops for such a pitiful obstacle.

We cannot possibly put in print the encouraging letters we daily receive from our brethren; but perhaps the above sentiments will tell you what these letters say to us. The outlook is grand. We are happy and confident. We believe in the medical profession—and the evidence before us leads to the conviction that the medical profession agrees with us. The journals tell us that the need for a therapeutic revival is being appreciated, and the signs of renewed activity are to be seen on all sides. Today men dare talk of therapeutics in medical societies; and to advocate active potent intervention in the treatment of the sick. Today it really looks as if we may yet swing out of the eddy in which we have been so long embayed, and ride on the topmost wave of the stream of great, unobstructable human progress.



COLLEGE PROFESSOR VS. EDITOR.

Field and Scope of Opportunity.

Many times we are asked: Where do Abbott and Waugh lecture?

Nowhere! Not even in the pages of the CLINIC.

I wonder if it is generally known that



Lebon discovered illuminating gas but was refused credence because it was believed no lamp could burn without a wick.

not one in a hundred of medical college professors is paid one solitary cent for his labors; that they are left to get what satisfaction and help they can, from the honor and publicity the position and title afford, or to go without?

The writer donned the professional toga at thirty-one, and wore it for twenty-three years. During that period he lectured to many students—possibly three hundred at once, as the largest class—with much satisfaction to himself. The contact with the mind of inquiring youth is most stimulating. The feeling that the truths that seem most essential, most necessary for the physician to imbibe, are by your efforts firmly fixed in these minds, is what for a time repays one for the barrenness of the immense labors necessitated; but after a while this working for financial nothing and boarding one's self becomes monotonous, and so it was with intense relief that ten years ago he joined forces with Dr. Abbott, who had wisely kept out of this to give you, through the medium of the medical press, the best we have.

Now we talk every month to thirty-five thousand practising physicians and it's better worth our while. Our audience is ready to put our teachings to the test at once; and that same audience has many times vastly improved our teachings by contributing their own thoughts, observations and learning. It is a post-graduate college with an enormous class. And a considerably smaller hat fits the editorial head, than that which covers the exalted cerebrum (?) of the lordly master of a few hundred admiring youths, whose veneration is largely based upon their hopes of a sheepskin, next commencement, and that in itself is an economy. We would not despise the oppor-

Arago strongly opposed the idea of railroads on scientific principles, inertia of matter, metal tenacity, etc.

tunity of the one; he is a long-suffering, underfed, self-sacrificing man, of the type of which martyrs are made, but there is more power in the pen of an honest writer in the service of an honest, fearless journal than in all the money and cunning of the "System." There is a wider and richer field in the work of a medical editor than in that of teaching the largest class of any medical college in existence. Possibly there is a sense of earning your bread by real labor, also, that may come to the man, too, who lectures several times a week for the privilege of charging "professional" fees to his patients.

Now we are not wishing to pick a quarrel with the vast majority of Chicago physicians, so we hasten to disclaim any reference to the one who is reading these lines, when referring to the inflation of his hatband. No, Doctor, we are not thinking of you, but of your colleague—you know whom we mean—and how well he is fitted by the reference. Also, if you are preparing and delivering five lectures a week, and participating in your share of the work, scheming, etc., necessary to a college professor, you will not doubt that in the aforesaid twenty-three years we earned at least \$100,000 by it—and that we did not get it, though the same effort in our professional duty would have easily brought in the \$4,000 a year that it represents.

We have a profound respect and sympathy for the college professor—and we are real sorry for his family.



THE DOCTOR . AND—"DOC"!

Quite recently a New York State doctor presented to each one of his patients a silver spoon with an engraving



Thiers admitted the feasibility of short railways ending in Paris, but condemned the idea of longer lines.

representing a physician bending over a sick bed and other designs *apropos* of the life medical. The handle bore the legend: "*To my patient; who has survived my fifty years' practice.*" One thousand spoons were given away and each spoon cost two dollars. Evidently the doctor had collected, his fees and equally evident is it that he had not proved unskilful in his half-century's work.

But is this kind of thing quite in good taste? Is there not, as it is, enough flippancy surrounding the doctor and his doings without the "Gray and Reverend Seniors" adding to the supply?

The jokes about the doctor and the undertaker and the man "who died after taking two doses of Dr. So-and-So's medicine," are unpleasantly numerous, and strangely enough, there are practitioners who pass them along. But how can we preserve a dignified appearance and reproach the spinner of such yarns when they are woven by some Nestor of the profession at two dollars per spin—and per spoon?

If the doctor is what he should be—"a man learned in Medicine and kindred Sciences"—then he is entitled to the fee which he charges for his service. If, however, he is merely "a bluff," licensed to experiment with the health and life of any one foolish enough to trust him—he is not entitled to anything but derision and contumely.

"The Doctor" is one of two things. He is either a skilful and able repairer of damaged human bodies and a scientific alleviator of abnormal conditions, or a rank pretender—an enemy of the human race in the form of a friend; a destroyer who tears down where he should build and who does so while con-

The doctors of Bavaria condemned railroads and advised their enclosure by high fences, to prevent brain disease.

scious of the fact that someone else, not so ignorant of conditions, might really do good. The two men are as far apart as the two poles; the real *doctor* is one of the most useful and necessary of beings; to him should be tendered every deference and courtesy; of him should be said nothing but good. The "Doc," by grace of his diploma and license only is a nuisance and a menace to humanity; it is he who rightly affords the material for the jokes and it is he who makes it possible for the swarm of "Eddyites," "Faith Curists," etc., to exist. A man will not tinker with his watch because he knows that Smith down at the village can fix it and *will* fix it for a proper payment. But when his own anatomy gets out of order he will try to cure himself. Why? Because he knows that it is ten to one the doctor of the locality won't know what is the matter with him but will pretend he does and take his fees just the same, at least, that is the impression he has. Somewhere else there is, of course, a *real Doctor* (not "Doc") who could cure him; later, if he gets worse, he will go to see that gentleman.

Now, either the local doctor is misunderstood and is paying the penalty for his predecessor's sins or he is, himself, just what the man above considers him. People soon put a man in his proper place. If you are really a doctor they'll find it out and there'll be no jokes about your connection with the undertaker. But, if you are simply, "Doc," licensed to bunco the sick and ignorantly tamper with the most precious possession of humanity, health, then people will tolerantly put you in the curiosity box (instead of the jail, where you belong) and

you will pass your days doing untold damage to those who, in sheer desperation come to you for help and, in your small way, seriously damaging the prestige of the noblest profession of them all!

To be a *doctor* one must, first of all, be a *man*, and as such must be learned in all matters pertaining to his profession and must moreover be heart and soul its servant. He must live to learn and learn to live, applying each truth as it is discovered for the benefit of others. To him medicine must be all-in-all and he must go into her temple with clean hands.

But if one would be "Doc" merely, it were better for him and others that he had been drowned while young, for such a man plays the harlequin where he should act the sage and makes a fool of Wisdom herself!



THE DOING OF THE RIGHT AND TIMELY THING.

There are doctors and doctors; so there are lawyers and lawyers; preachers and preachers; quacks, charlatans and fools—all men, only differing in degree.

It is not always (in fact rarely is it) the most erudite and scholarly man who proves to be the most successful in either profession or in any vocation. The lawyer who, lacking personal ideas, quotes authorities and parades precedents, often sends the jury to sleep, and his opponent, taking advantage of some point in the evidence which appeals to the pathetic or humorous side of the so wise (?) arbiters of justice, wins the case with an apt story or a few burning sentences



An eternal law of honor obliges science to look fearlessly and carefully into every problem properly presented to her.—W. Thomson.

If there are men who believe in nothing, there are as many who are ready to put faith in anything—Flammarion.

pregnant with real thought and soulful personality. He not only knows what to do and what to say, but when to say and do it; hence he succeeds where the other man—who knows what *should* be done, but doesn't know how or when to do it, fails.

The one has worked hard, "burned the midnight oil" and read till his brain reeled; the other has done nothing of the kind, but has been not only a practical student of books and theories and a better one of mankind and of the philosophy of action.

The physician who is the busiest, the doctor who is really and truly loved for his deeds and whose "word is law," is not, as a rule, the savant or abstruse scientist. Far from it. Go out into the country and see who is always on the go, or spend a day with the busy physician in the tenement district of some big city. Go anywhere and note the ways of the man of medicine who ministers to the masses. This man has long, long ago forgotten, to a great extent, the theories that he learned at college; he is one of those men who absorb facts as they go along, one of those human beings who feel what other humans feel and one who is honor-man in the school of hard knocks, who intuitively know what others would tell but cannot.

Such a doctor knows from experience what to do and when to do it; he does the right thing at the right time and he succeeds. The text-books may dictate something quite different; all the authorities may lay down an entirely contrary course of procedure, but this our real complete man knows—that the very one who said "do such and such a thing in such and such a case," would do some-

thing entirely different were he confronted with the conditions now demanding attention, that is, he would if he were a *doctor* and not a *theorist*, and being a practical doctor and not a theorist himself, he does it.

Believe me, it is not necessarily essential that the man who writes a good text-book should be the best doctor when it comes to relieving disease and meeting emergencies. The celebrated critic is often a failure as a playwright. Strangely enough, there are those who can even tell you just what should be done in a given case who would fail to do it in actual practice themselves.

It is an excellent thing to have knowledge—to know what should be done; no physician can afford to stop reading and learning—actually digging after medical fact—but, after all, the great thing—the main thing—is to know what to do, when to do it, and then to *do it*. And the next most important thing (perhaps the most difficult to know) is to *know when to do nothing*, and to do it just as faithfully and well.

Don't accept it as a fact that a certain thing is the only thing to be done because some great man said so—because *magister dixit*. The great man didn't know or don't know it all.

Teaching, precedent, is all right, but if you are competent to stand in the greatest, most humanitarian and, therefore, the best of all professions, you are able to judge for yourself; and he is the best teacher, the best guide, the best light ahead, whose teachings pan out the best—whose say so is proven to be the nearest met in the searchlight of your practical experience. The writer knows a



Human nature is made up most surprisingly of opposite qualities. The credulity of men seems to have no limits.—Flammarion.

Low temperature at the beginning of septic sore throat looks like diphtheria; and in that is a bad omen.—Brunton.

man who, confronted with a violent post-partum hemorrhage, far off in the country, in the dead of night, reached for a bottle of turpentine and a piece of rag, and after soaking the latter with the turpentine, wrapped it around his hand and went up into the uterus, and stayed there till the contractions were so strong that the hand was withdrawn only with great difficulty. He saved a life. He knows another, that confronted with a case of most violent eclampsia, complicated by a monstrosity carrying an hydrocephalic head, in the presence of gaping theory and do-nothing incompetency, with which he was called in counsel, performed craniotomy with a scissor, delivered the fetus with a hook made from a pail-bail, and with a terrifying dose of veratrine (but "dose enough"), saved the day. And these are but two of the thousands of the unrecorded instances that are transpiring daily on every hand.

The text-books don't advise such procedures, but then not everything worth knowing can be found in text-books. Learn all you can learn from books, from journals and from your fellow-practicians but most of all learn to do the right thing at the right time. To accomplish this make your mind a sponge and once in a while squeeze out the surplus and useless knowledge you have absorbed; then when you wonder some time just *what* you should do, think a minute, and ten to one you will find yourself doing the right thing. If in doubt about it *think twice!* Out of your absorption and assimilation garnished by your own experience become a man of right action and the nearer right you become and the prompter to act you are, and the more

kindly and gentle you do all these things, the nearer a manly man you are, the greater will be your success.



THE "ORIGINAL PACKAGE" GRAFT.

A Favorite Method of "Working" the Doctor.

Doctor, beware of the manufacturer who insults your pharmacist and yourself by constantly urging you to prescribe his proprietary in "original package," a package slyly or blatantly arranged to convey a knowledge of its contents to the laity. As a case in point we quote from a letter just received by one of our staff following a sample which was asked for:

"Your request for samples received and complied with today. Please use them exactly as directed and, if you prescribe them, specify "—" and, when convenient, "original bottle," as this is the only means we know of for preventing substitution. We want you to continue to use and get the best results from these preparations and, in order to do so, you must follow directions and take some pains to prevent substitution. They are well worth the trouble, as the samples will demonstrate."

The fact that the manufacturing pharmacist who offers to the physician, *through the trade*, ready-to-use remedies, is daily becoming more arrogant, is made very evident by such as this. Not content with advertising and emphasizing in its "literature" the maxim "Prescribe Original Package Only," this concern (which, by the way, makes a class of remedies eminently suited and evidently intended for use by the laity) comes out boldly and in a "personal letter" instructs the doctor to use their goods "*ex-*



To increase evaporation in fevers sponge the skin with hot water; it avoids the risk of chill and does not alarm friends.—Brunton.

The heat continues to fall after a patient is removed from a cold bath; so take him out when still above normal.—Brunton.

actly as directed," or, if they are prescribed, the doctor is not alone to write "*original bottle,"* but also to add to his prescription the maker's name. The physician is evidently looked upon as a convenient, non-salaried distributor of their goods and he is also regarded, it would seem, as sufficiently stupid to be unfitted to administer a tablet according to his own ideas, based upon drug knowledge and clinical acumen. Give them "*exactly as directed*" if you use them and, if you prefer that the patient should buy them, then order (as directed) "*original bottle,"* on which the patient will find *full directions* (the same as the physician is to be guided by, remember) for treating himself—and *the name of the manufacturer*. And, so that there shall be no possible mistake, and in order to convince the patient that the doctor is henceforth a useless accompaniment of the medicine, *the name of the maker of the remedy the doctor thinks most effective should be written.*

The patient, after paying the doctor for "skilled advice," finds that he is to take a tablet of "so and so"—not a peculiar and unknown tablet of this name which only the doctor and druggist know, but "So & So—Jones." Evidently, then, if this man, his family or friends subsequently suffer from any of the disorders which the bottle states that "So & So—Jones" cures, the doctor (that learned and profound therapist) would merely again give a prescription for another "original package"—and charge two dollars for doing so. It is equally evident, we think, that the man isn't going to pay that two dollars; he *now* "knows as much as the doctor" (more, it would seem, for he protects himself!) and he just goes to the drug-store and buys an "original bot-

tle" of "Jones' So & So." This is where our "ethical advertiser," Jones, the maker of "So & So" winks a prodigious wink! He retains his ethical standing while shrewdly "working" the unthinking doctor so that the latter himself acts as agent to the laity for the manufacturer.

Isn't it a really edifying spectacle? Here is a lay remedy maker calmly telling the doctor that his road to professional success lies through the recommendation of his ready-made nostrums; moreover, he is to exhibit said ready-made nostrum just as the lay-maker directs. And, to cap the climax, *mirabile dictu!* he is to tell his patients what he gives them—and who makes it—"original package." In other words, he is to be a dupe and to proclaim the fact of his being one broadcast to the laity for the benefit of Jones, the maker of "So & So." But the strangest part of the whole strange thing is that there are numbers of men who do just this very thing and these are the men, moreover, who complain that medicine is "not what it might be" as a paying profession. It is not to be wondered at that those who thus treat disease "according to directions upon the bottle," fail to impress the public with their professional acumen, but it is strange that they will go on, year after year, making money for the nostrum-maker, while they half starve themselves.

That there are excellent preparations made which the doctor can use or prescribe with advantage is not questioned. It is not these to which we refer. We do not hesitate to use such of them as cannot possibly be compounded by the average pharmacist, and we find them invariably efficacious. But we do give them—whether they be tablet or fluid—accord-



A warm bath, not over 8 degrees above the heat of the patient, will lower his fever and also soothe his nerves.—Brunton.

Alcohol lowers heat by dilating the vessels of the skin where the blood is cooled; also by lessening oxidation.—Brunton.

ing to our own ideas, and we also take particular care that the patient never knows what he is getting. The manufacturer who honestly seeks the good of the doctor would ask nothing further; the one who objects, does so because really he "doesn't care a hoot" what becomes of the practician, regarding him as merely a convenient dupe who will "follow directions" and act as distributing agent at his own expense.

The question now is how much longer can they work this soft snap? That depends, brethren, upon how soon *you* choose to open your eyes and look after your own interests!



JAUNDICE FROM BEDBUG BITES.

"Every knock is a boost;" and even Germans appreciate this, as the following 'ower true tale' will show: Bauermeister, when traveling, was so fearfully bitten by bedbugs that severe jaundice developed. He thereupon utilized the opportunity to test Kuhn's suggestion of salicylic acid as a bile-promoter; added sodium oleate and took from gr. $4\frac{1}{2}$ to 6 twice a day, with a little menthol and phenolphthalein. The malady was obstinate, but finally gave way; and he extols the remedy for gallstones and similar affections. He urges persistence; which is wise, as these maladies do not yield soon, even to sodium succinate, which we have employed many years with success, for gallstones.



We have received from Dr. Haughton, of Richmond, Indiana, a statement claiming priority for him in the discovery of the identity of electric and nerve forces. According to the dates he gives us of

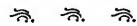


Nitrous ether taken when the taker is exposed to cold acts as a diuretic; if he is kept warm, as a diaphoretic.—Brunton.

his publication, Dr. Haughton certainly advanced this theory long before *Atkins*, whose recent publication claiming this discovery has attracted much interest. Judging solely from the notices we have seen, however, we are not inclined to view the theory favorably. The fact that the nerve trunks serve as conductors for the electric current does not indicate by any means an identity in the electric and nerve currents. A bicyclist may ride along the railroad track, without becoming a locomotive in the ordinary acceptance of the latter word.



Dr. Shaller blew in on us the other day, looking fat and happy; his eyes bright, skin clear, the corners of his mouth turning upwards. We attributed his eupeptic condition to the sempervivous atmosphere of Colorado; but he drew from his pockets a lot of rocks and presented them for our inspection. We thought they looked like good ones to throw at a dog, but he told us they were specimens of ore from the recent strike in the Burns-Moore, and assayed up to many dollars a ton.



A Colombia (S. A.) doctor is experimenting with the shell of the coffee bean, claiming it is one of the best remedies in malignant fevers especially where quinine has failed. It seems to us that the coffee berry itself, if made into an infusion, as it is every morning in most well-regulated households, acts as a very good remedy in some cases of "chill," but we have never yet seen the case of fever which was benefited by coffee in any form! If the doctor proves his case he certainly will have also discovered "some new thing" in therapeutics.

Nitrous ether, like all nitrites, dilates all the vessels of the body; ammonium acetate acts by increasing gland secretion.—Brunton.

GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

ALKALOIDAL TREATMENT OF THE TOBACCO HABIT.

A THOROUGH treatment of the tobacco habit must have in view the entire, and not the mere partial abandonment of the habit. There are some medicaments which, judiciously employed, gave Dr. George Petit, of Paris, good results, both in combating cases of direct poisoning with tobacco, as well as in restoring the general organism from the depression which some organs or their functions have suffered from that habit.

Strychnine has a remarkable efficacy in the nervous troubles arising from the tobacco habit, as well as during the period while the patient is stopping the use of the narcotic. In a number of acute cases of intoxication with tobacco he gave strychnine in doses of three to five milligrams (gr. 3-67 to 5-67). In chronic cases of tobacco poisoning strychnine acts as a stimulant to the system and as a general tonic to combat adynamia, depression and neurasthenia. In certain conditions the remedy will have to be continued for a certain length of time, giving a milligram dose after each repast.

According to Dr. Zalackas, in the *Progres Medical*, 1902, eserine is an excellent antidote to nicotine. The antagonism is peculiarly marked. A non-toxic dose of nicotine neutralizes a fully toxic dose of eserine, but on the condition that the nicotine had been administered before the eserine. But on the contrary a fully toxic dose of nicotine does not neu-

tralize at all a fully toxic dose of eserine. And yet, though neutralization in this case had not taken place effectively it is nevertheless of considerable importance, since the nicotine completely masked the effects of the eserine. Hence the consequence is that we come here to be in the presence of the curious fact so well demonstrated by Martin-Damourette, to wit, that nicotine possesses two opposite properties, the one excitant and the other paralyzant. Now, it may sometimes happen that the paralyzant effects, which are probably but a minority of the other and total effects of the eserine, join themselves to the paralyzant effects which are principal in nicotine, and it comes about that two agents, which in one case are antagonistic to each other, become auxiliary to each other in another case. This fact is a warning never to use eserine in acute tobacco poisoning of an adynamic form. It is for the same reason, says Dr. Petit, that he prefers in cases of arteriosclerosis to employ alkaline iodides associated with the antispasmodics cicutine, hyoscyamine and digitalin. Sulphate of sparteine, too, gives excellent results. It helps to sustain the organism in the privation of its accustomed excitant (stimulant) and prevents heart failure. We know that sulphate of sparteine is a dynamic and heart-regulating medicament, which elevates the movement of both heart and pulse.

Sulphate of sparteine is indicated in grave cardiac affections, in atonicity with

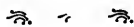
irregularity and slowness of movement, when the heart is tainted with an alteration of its tissue, or when it becomes insufficient to compensate any obstacles in the circulation. When the pulse is feeble, arrhythmic, sulphate of sparteine will restore it to normality. The knowledge of the two capital actions of sparteine, viz., elevation and regulation of the heart's functions, must lead to its employment to combat the various neuropathic conditions which accompany heart weakness and irregularity. (*Revue Therapeutique des Alkaloides*, Juillet, 1902). This is just the case in tobacco poisoning.

Dr. Petit derived for himself real benefit in this case, analogous to that obtained in morphinism by Drs. Ball, Demings, and Barney, the only difference being in the form of this medicament, which varies according to cases and subjects, for according to Doctor Barney: "The mode of administration varies sensibly when one finds himself in the presence of a patient whom you have to cure rapidly, from that of one to whom the duration of the treatment is of little importance, and who can give to it all the time necessary."

We can, therefore, employ a slow method, according to the principles we indicated, and give the medicament in many (fractional) doses. This will obviate for the patient all the inconveniences which are inherent to the period of privation of the use of the tobacco. With a patient whose morale is not yet entirely perverted and who is obedient, the strict treatment can be left to himself. But in all cases when one is bound to institute a rapid cure the manner of action must sensibly differ, and the treatment must not be otherwise than under strict surveillance.

Under the influence of this treatment the cardiac symptoms disappear very rapidly, the cardiovascular erethism is quieted, at least in ten to twelve days, sleep becomes normal and the general conditions of health are revived. The patient's confidence is restored with the disappearance of the depressing will troubles, and with a little energy he gathers all the benefits of a rational treatment, well directed.

Should there be a palpitation, accompanied with congestion, and angina pectoris, it will be best to use caffeine and veratrine, and with all there must go a hygienic and dietetic regime, together with intestinal antiseptics, for which calcium sulphide is a valuable auxiliary.



ANTIDIPHThERITIC SERUM.

The difference in the *modus operandi* between Koch's tuberculin and Behring's antidiphtheritic serum is that in a patient with tuberculosis the tuberculin has, itself, to produce in the organism the healing agent, on the principle which Koch calls the "ison" (meaning "like"—the homeopathic "similia"?) But Behring's serum does not produce diphtheria, and the ready-healing agent of it which it contains was obtained from another animal organism than the patient's.

Dr. Wapler of Leipzig asks, therefore, in a lecture reported in the *Allgemeine Homeopathische Zeitung*, numbers 15 and 16, 1904: "Ought we, therefore, as homeopaths, to make use of this serum in our practice?" To this he answers: "I answer, Yes! without any hesitation. We are physicians and in our education no auxiliary medical science can be left out, and so, too, have we the right to make use of any well-tested treatment



When the right heart is congested, jugulars turgid, face blue, arterial pulse very small, bleeding is very useful.—Brunton.

Bleeding is coming into fashion again as a means of removing poisons from the body; as in uremic coma.—Brunton.

at the patient's bedside, though it has nothing in common with our healing principles, provided it stands the fundamental test of all healing agents, viz., 'first of all, it must do no harm.' This can be well affirmed by Behring's serum, since the preserving quantity of carbolic acid was reduced, and by so much the serum is more concentrated."

The doctor recommends the use of cyanate of mercury in homeopathic doses, together with the serum treatment, and he thinks this method would always prevent postdiphtheritic paralysis. To the question why that paralysis is more frequent since the serum was introduced, he answers: Because more desperate cases of disease have been saved by the serum, and it is in such cases, mostly, that paralysis occurs.

It is said that Hahnemann said, "The question is not only how to educate homeopaths, but how to educate rational physicians who, with a clear understanding of what they are called upon to do, will know the right treatment and use it in the right place."

And to this we, as alkalometrists, say a hearty Amen!



CUBEbine.

Besides the volatile oil, besides also the malate of lime, and magnesia, and besides cubebic acid, $C_{44}H_{16}O_4$, cubebs contain also cubebene, $C_{33}H_{34}O_{10}$, which last is to be regarded as the principal medication, although other authors (than the late Prof. Laura, from whose works this is excerpted.—GLEANER) regard it as inert, and refer the activity of cubebs to the resin which it contains. Cubebene crystallizes in needles.



Bleeding is a form of serum therapeutics, the fluids absorbed into the blood altering its composition notably.—Brunton.

Dosimetrists employ cubebin. This active principle is eliminated for the most part by the urine, rendering it more abundant and more fluid. Another part is eliminated by the bronchi, and still another part perhaps by the sudorific glands by means of the sweat. (Ruatta) In small doses it stimulates the stomach and intestines.

"Cubebene," says Burggraeve, "has a slight action in gonorrhea, but when administered in thirty granules a day, then after a transudation of all the genito-urinary tegument, the medicine exerts a remarkable action on the secretion and renders the urine more copious and less irritant. Cubebene occasions no diarrhea as copaiba does." Burggraeve employed cubebene in gonorrheic metritis in conjunction with sodium benzoate. Laura also has employed cubebene and has verified the diuretic virtues in the absence of irritating phenomena.

The form and the administration of cubebin is the same in dosimetric practice as that of the other active principles.

Cubebene has its largest field of application in urethral catarrhs and syphilitic gonorrhea, but it is equally as useful in vesical catarrh, acute, mild and chronic, and also in catarrh of the colon and rectum. It was also used successfully in mild and chronic bronchial catarrh. Burggraeve used it in purulent bronchitis with excellent effect.

It may also be used with good effect as an antidyspeptic in the torpidity of the bowels on account of its stimulating action, in which kind of cases dosimetry has a number of most efficacious remedies.

Cubebene must, however, not be used in either subacute, and especially not in acute cases before the intensity of the

Purgatives clear out of the bowel: amongst other things the products formed by innumerable bacilli present there.—Brunton.

irritative inflammatory phenomena of the urethral mucous membrane has not been mitigated, but then it can be used in high but divided doses.

Burggraave counsels very properly to give small epicratic (alterative) doses often repeated, about sixty granules in the twenty-four hours. Laura has often given even larger doses than those in chronic urethral catarrh, with success, and without any inconvenience to the patient. Generally, however, fifty to sixty granules are enough, and at the outset begin with even much smaller doses *pro dei*.

After the urethral discharge had stopped it is best to give attenuated doses during a number of days. If the object is to stimulate the stomach, it is enough to take a few granules before each meal for a few days. For catarrh of the bladder, of the bronchi, of the intestines, and the rectum, we should use small doses, successively, and adapted to each case administered according to general alkalometric principles.

As a medium daily dose we may give ten, fifteen and twenty granules a day. The Burggraave-Chanteaud granule of cubebine is one milligram (the same as the American granule, 0.001; gr. 1-67.—*Bulletin Dosimetrique Burg*, Dec. 1904).



COLOCYNTHIN.

Colocynthin, $C_{56}H_{84}O_2$, is a crystallizable principle, soluble in water. In small and repeated doses it exercises without violence an action excitant and stimulant on the gastric and hepatic secretions; it provokes both the secretion and the excretion of bile, facilitates the peristaltic movement of the stomach and bowel, and in very small doses relieves flatulence. Its



A child naughty as possible, after gray powder and rhubarb, has become a little angel without wings.—Brunton.

stimulant action extends also to the pelvic organs. It is a rapid and efficient hydragogue.

Colocynthin has for its indication conditions in which there is a necessity of rapidly inducing a derivative action over the vast intestinal apparatus, provoking an abundant and copious biliary excretion and entorrhoea. It is useful in constipation and dryness of the intestinal tract, by default of the biliary secretion or paresis of the intestinal muscles; it is useful also in slight hepatic engorgement, in venous stasis of the liver from obstructed portal circulation; in slight cephalic and spinal congestions and in slight and passive dropsies. Its stimulant effect upon the pelvic organs renders it useful in paresis and vesical paralysis; in dysmenorrhoea and amenorrhoea, caused by paresis and inertia of the ovaries and uterus; but the physician should search in these cases what is wanting to the sanguineous crisis and how to prevent the disorder of the nervous and genetic systems, to bring to each special case the general modifiers and agents well-chosen and appropriate to each patient.

In acute cases as a purgative and cholagogue a granule, gr. 1-134 should be given and repeated at short intervals, being suspended on the occurrence of colicky pains, however slight, and discontinued as soon as copious stools have been obtained. In milder cases give the granules at longer intervals—six, eight or ten daily.—Prof. Laura, *La Dosimetrie*.



Dr. Picque reported to the Soc. de Chirurgie de Paris, Oct. 5, 1904, a case of absence of vagina with hermatome-tria and hematosalpinx, on which he operated supravaginally with success.

Potash weakens muscular tissue; lime strengthens it; barium still more; heat causes contractions greater, quicker, shorter.

MISCELLANEOUS ARTICLES

RHEUMATISM AND ITS TREATMENT: A SYMPOSIUM.

INTRODUCTORY TO ARTICLES THAT FOLLOW.

WE long ago expressed our conviction that rheumatism was, primarily and preëminently, an autoinfection, its origin being, in nine cases out of ten, a septic digestive tract. This being the case it is evident that any rational treatment must, to a great extent, consist of elimination and intestinal antiseptis.

That there is present in most rheumatic subjects the "uric-acid diathesis" is true—so true that it has become the custom to speak of the "rheumatic" or "uric-acid" diatheses synonymously. But it will be found, upon close investigation, that the lithemic patient is nearly always possessed of a toxin-loaded bowel. That is to say, lithemia, uric-acidemia (rheumatism, gout, etc.) are not primary morbid conditions, but follow intestinal disturbances.

In acute articular rheumatism, the text-books tell us, we shall find "a specific bacillus in the swollen joints which may prove to be the etiological factor," that the condition is due to exposure to cold or wet and there may be an inherited tendency to contract the malady; a "run-down" condition of the system also predisposes. Given a "run-down" or poorly-excreting individual and the production of toxic acids, and other noxious material, is assured, and that means that the field is ready for the disease crop—"acute articular" or any other form of rheumatism. Because the rheumatic patient offers a particu-

lar kind of abnormal urine let us not conclude that *there* is the *fons et origo* of the disease. If we look further we shall find that a torpid and septic bowel has caused the kidneys to have to deal with an excess of waste, the result being a general disturbance of the body chemistry and the production of substances which are not alone in themselves inimical to health, but the presence of which, to the observant clinician, means an earlier autotoxemia.

When we come to *muscular rheumatism* in the text-books, we are told that the disease is one of adult life and that "gout increases the tendency."

Naturally so, for "gout" is but another manifestation of faulty chemistry and elimination. Lumbago, torticollis, pleurodynia and cephalodynia are all merely local manifestations of the same systemic condition, "the true nature of which is not yet determined." It is an inflammatory disease, acute at first (this stage lasting about one week) and then assuming a chronic form—which means that the resistant forces of the body have risen to the occasion and mitigated the force of the toxins, enough remaining, however, to cause a recurrence of the trouble upon the *slightest provocation*—usually exposure to cold or wet with the accompanying circulatory and thermic variations.

The remedies offered for all forms of the malady are many but those who have treated rheumatism by the older

and so-called "accepted" methods, know how futile they are. Rest is recommended and this is certainly essential when the acute symptoms are present, but the prone and inactive body is likely to be able to free itself from toxic waste collections. Hence the patient with rheumatism seeks to get rid of his morbid matter by artificial means—massage, hot air, etc.

The recent investigations of many alkalometric practitioners, and scientific investigators like Croftan and others, have served to throw a new and brighter light upon this whole subject, but our assertion that "rheumatism in all its forms is primarily due to intestinal sepsis" has been verified fully; and it is now recognized by those who have studied the matter that the hepatic and renal disorders, with all their necessary chain of chemical wrongs, are most often caused *by* instead of being the cause of a septic intestinal tract. Therefore, we urge again the fact that it is best to strike always at the root of a disease and instead of devoting our attention to changing the urinary condition and obtunding sensation we should, as our primary step, assure an empty and therapeutically "clean" intestine. Thus, we not alone put a stop to the daily manufacture of more poisonous material but we enable the system to get rid of that which is stored in every cell and fibre. Almost as important, too, we establish normal conditions of assimilation and absorption.

To make our meaning plain let us present two pictures. The first is of a man who eats normal food, both as regards quality and quantity; this food is properly digested, the system taking up therefrom all that is useful and the

residue passing along to be ejected in due time and through the proper channels as waste end products. Every function is active and nothing which is not wanted remains in the system more than twelve to fifteen hours. With his veins full of oxygenized red blood, with assimilative, secretory and excretory surfaces in a normal state, this man is not likely to fall a prey to disease; but if he does, is it not easy to set things right? Has his system not a decided tendency to reject the abnormal—to seize upon and utilize every ounce of useful material we may provide? Can we not in a few hours, if we go at it right, control nearly any disorder which may occur in such a patient? We surely can.

But take another individual who has for a long period been absorbing into his circulation and tissues waste matter and noxious products, many of which are not even made under normal conditions. Liver, kidneys, spleen—*every* organ is overtaxed and deranged, and still, hour after hour, the stream of toxic material enters the system from a mass of retained fecal matter. The gastric and intestinal mucosa is covered with mucus; the blood has deteriorated, the lymphatics are out of order. Such assimilation as occurs is insufficient to repair the wear and tear of daily life and the man goes along generally, under the whip and spur of stimulants of some kind. Finally, whether by germ invasion or otherwise, disease, in a distinct form, appears; let us call it "rheumatism." Will it avail us to regulate the urinary disorders alone? Shall we *cure* this man with "rest," salicylates and lithium? Not much! To remedy an evil we must ex-



Cold, fatigue and dilute acids render muscular contractions weaker, longer and slower; fatigue due to acids produced.—Brunton.

Veratrine increases the generation of heat, apparently by increasing the oxidation processes going on in the muscle.—Brunton.

pose its root. We must, as soon as possible, make this man as nearly like the first example as we can. To do so, the first thing is to "clean out and keep clean" the great assimilative and eliminative centers. We must have a healthy mucous surface in stomach and intestine. We must have such nutrient material as we administer, properly converted into body-food and waste, and *the waste excreted!*

We must rouse liver, kidneys and skin to full normal activity! Indeed, for a time, we must stimulate them to do more than normal work for the house is filthy and must be swept from top to bottom. But we must remember that in this case the cleaner and the cleaned are one and the same; that to clean out means a strain upon the cleaner (who is also the cleaned) and we must therefore sustain strength while forcing elimination.

Any and every drug which devitalizes or merely benumbs is contraindicated; even those which are merely cathartic in their action are to be used with caution. The thing to do is first to clean away the gross waste and then, by careful study of the condition existent in that particular case, to *help* the system to right itself. This it will soon do if we secure a healthy and unobstructed digestive tract. We can aid by supplying in small repeated doses the ingredients which the system needs to neutralize useless or injurious substances present in the body fluids or tissues; we can change and dissolve and cause to be eliminated some of these, but the main thing is to place the body in a proper condition to do its own chemistry.

This, briefly, is our idea of the proper



Barium and calcium slow and strengthen the action of both voluntary and involuntary muscular fibers.—Brunton.

method of treating rheumatism, as taught and successfully practised for many years; in fact, here in a nutshell, with modification to meet conditions, is *the* method of treating disease.

W. C. ABBOTT.

Chicago, Ill.



RHEUMATISM AND ITS TREATMENT.

Since the advent of the germ theory as a dominating causative factor in the production of diseases in general, much painstaking effort on the part of bacteriologists has been put forth in order to find a specific germ for the disease called rheumatism. Such efforts, thus far, have resulted in failure. Sir Thomas Watson says in regard to rheumatism: "In truth, rheumatism is a blood disease. The circulating blood carries with it a poisonous material which, by virtue of some mutual or elective affinity, falls upon certain tissues in particular, visiting and quitting them with a variableness that resembles caprice, but is ruled, no doubt, by definite laws, to us, as yet unknown."

Dr. E. L. Trouessart, of Paris, France, says, in his work on "Antiseptic Therapeutics": "The cause of this disease (rheumatism) is a perversion of the functions of certain cells of our tissues and organs—cells which pour into the economy abnormal matters, or even normal ones in exaggerated proportions.

"These matters constitute veritable toxins whose effects are similar to those of toxins fabricated by the pathogenic microbes. This similarity is a fact which should cause no surprise. The natural history of the cell, histological

Watson gives up uric acid as the cause of gout, which he attributes to infection from the action of intestinal bacteria on food.—B. M. J.

element of all our tissues, shows that it possesses an organization and properties similar to those of the microscopic animal or vegetable cells which live as parasites in the organism, and are designated under the general name of microbes.

"The former (cells) when perverted in their function, diseased, become thereby veritable parasites, foreign bodies, which the organism hastens to eliminate by the well-known process of inflammation, just as it does in dealing with the microbes. This is why the general symptoms (hyperthermia, nervous troubles, etc.) are the same in both cases. The elimination of these tissues, whatever may be their origin, is effected by the kidney, by the intestine, or by the skin; and this it is that explains why diuretics, purgatives and sudorifics have a favorable and truly curative action in all the inflammations, because they remove not only the toxins secreted by the microbes and by the altered cells, but also the microbes themselves, and these dead and dying cells, true debris of the organism, which not only serve to encumber the organs, and which form in the circulatory stream, and more particularly in the kidney, obstructions which constitute an immediate danger to the entire economy."

We have given the above views of Dr. Trouessart as being in our opinion one of the best expositions of the etiology of this disease we have ever seen.

Haig, in his latest work, "Uric Acid; An Epitome, 1904, of the Subject," says: "There is a law (1) that all local precipitations are relieved by solvents, and (2) that all collemic diseases are relieved by precipitants, i. e., by the

things which clear the uric acid out of the blood."

By the term "collemic group," Haig included all of those disorders due to uric-acid excess in the blood with its resultant capillary obstructions.

By the term "arthritic group," he refers to those affections of the joints and fibrous tissues due to uric-acid deposits which have been precipitated out of the blood.

ALCOHOL AND URIC ACID.

"Some very significant experiments, concerning the effects of alcohol upon the excretion of uric acid, have recently been performed by Dr. S. P. Beebe, and others and reported in the *American Journal Physiol.*, Sept. 1, 1904.

"The result of the experiments lead us to conclude that it is hardly possible to doubt that alcohol, even in what is considered as a moderate amount, causes an increase in the excretion of uric acid. If this increased excretion meant the expelling from the circulation of the uric acid already abnormally present there, such effect would be beneficial rather than otherwise; but the experiments above referred to show that alcohol does not cause an increase of uric-acid secretion except when food is taken.

"The author of the experiments has shown conclusively that the origin of the increase of quantity of uric acid in these cases must be attributed to impaired oxidative powers of the liver in transforming food products. In other words, alcohol, by its toxic action upon the liver, interferes with the normal activities of this most important metabolic organ."

In a medical experience of forty years



The danger of phenol poisoning is removed by the free use of magnesium sulphate at the very verge of poisoning.—Brunton.

The action of alteratives is still puzzling, but we begin to see a solution through the internal secretions.—Brunton.

the writer has found that seventy-five per cent of those addicted to the use of alcohol (even in moderate quantities), were the victims of rheumatic diseases. He would not have it inferred, however, that we consider moderate drinking the main predisposing cause of rheumatism. What we believe is as follows:

1. That rheumatism is due to faulty digestion and metabolism of food products, and to defective metabolism in the vital chemical functions of the body, together with faulty elimination of the products of such metabolism, resulting in autointoxication of the body as a whole, and of certain tissues in particular.

In other words, whenever there is a faulty metabolism, and a lack of proper elimination of its products, from whatever cause due, whether from wet and cold, faulty digestion or alcohol, then we find causes sufficient to account for rheumatism.

In THE ALKALOIDAL CLINIC of February, 1905, we find, on page 150, an invitation to the profession to submit their views on the etiology of Rheumatism.

The following queries were propounded, viz.: "Does it (rheumatism) occur in epidemics, or have you reason to believe that it is contagious or caused by a germ?"

"Do you believe, from your personal experience, that uric acid or similar bodies play a part in its causation?"

"What is the influence of meat-eating or vegetarianism upon its production?"

"What influence has intestinal indigestion in the production of rheumatism; or what torpor of the liver?"

"What unusual expressions of rheumatism have you observed; for instance,

have you noticed any connection between sore throat, eczema, chorea, asthma and rheumatism?"

"Does the salicylate treatment give you complete satisfaction in your cases? How about late cases?"

In a further consideration of our subject we will follow the order given above.

We have not known this disease epidemic, except as a sequel to an epidemic of causes known to be favorable to its production. However, we have found an hereditary tendency or predisposition to this disease in families. Likewise we have never found an occasion to consider its contagious. By contagious, we understand, the communication of the disease from one person to another. We do not believe it is caused by a germ.

We do believe that uric acid and similar bodies play a most important part in the causation of rheumatism, for the following reasons, viz.:

Healthy urine is free from any deposit or sediment. Its specific gravity averages from 1015 to 1025.

2. Urea is by far the most important ingredient of the urine.

We find the amount of urea formed in the urine is increased by nitrogenized food, and in most febrile affections.

In addition we find uric acid in unusual amounts, both in the blood and urine, in rheumatism.

It is likewise diminished by a non-nitrogenous food—tea, coffee, sugar, starch, fat; citrate of iron and quinine, digitalis, colchicum, acetate and phosphate of soda; in paralysis, chorea, Bright's disease, and before the paroxysms of gout and asthma.

Urea is formed in great abundance in the system, and when its elimination by



What is sent back from the intestine to the blood under the influence of salts may be more important than what is excreted.—Brunton.

All that was wanting in a case of pernicious anemia was that he did not die, but recovered under the use of bone marrow.—Brunton.

the kidneys is interrupted, becomes a very irritant poison, producing convulsions and death.

It is formed in the blood in normal proportions 0.016 per thousand and from this source the kidneys are supplied for drainage purposes into the urine.

Late researches tend to demonstrate that urea is an intermediate state in the metamorphosis of nitrogenous substances into carbonic dioxid, CO_2 , and ammonia.

Now we find a condition of the body in which there is more uric acid in the blood and urine than is normal.

Accompanying this condition, we also find a disease of the muscular and fibrous tissues which are called rheumatism.

Modern research has shown that the organ where urea and uric acid is formed in the liver; further, that the kidneys are mainly filtering organs; that in the liver is produced the main supply of urea, the same being transmitted by the blood stream to the kidneys, there to be eliminated from the body.

Clinical experience has convinced us that while a nitrogenous food (whether animal or vegetable) tends to increase the amount of urea in the blood, an animal diet more largely increases it than a vegetable.

We have noticed certain neuralgic symptoms to proceed, accompany or follow outbreaks of rheumatism.

Doctor Thomas Harrington, in the *Boston Medical and Surgical Journal*, says: "The consensus of opinion today seems to point to chorea as being a manifestation of cerebral rheumatism."

TREATMENT.

Under this head we will consider the remaining queries. When we graduated

in 1864 from the teachings of Professor Alonzo Clark, and Sir Thomas Watson (of whom Professor Clark was an ardent disciple), we passed into the world of practice with very crude ideas as to the etiology of this disease, but with a very decided opinion as to its treatment. A very few years of practice left me in a state of mind thus described by Professor Watson: "When first I began to practice, I pleased myself, now and then, with the belief that I had ascertained the best cure for acute rheumatism! so rapidly and decidedly did the disorder recede and cease upon the administration of such or such a remedy. But on the next trial of it, perhaps, my expectations have been miserably disappointed. This marked improvement has happened under the use of colchicum, of conium, of calomel with opium, of alkalies."

Up to 1876 our favorite treatment was colchicum with cathartics and alkalies and eliminants, iodide of potassium being my preference among the alkalies.

As a subsidiary treatment, I have used opium and conium as sudorifics, and cupping and leeching, together with applications of liniments. I have found hemlock oil a very fine local application; have used it on my own person in Cincinnati, O., with success, during the year 1869.

About 1876 I began to use the salicylate treatment with success, using both the acid in combination with bicarbonate of sodium and by itself. I found that while I was benefiting my patients as regards rheumatism, I was injuring them in other directions.

About 1895 my attention was called to rhus tox. and I began to use it with flat-



Saliva in some men is almost as poisonous as the venom of a serpent. Inoculated under the skin it proves a deadly poison.—Brunton.

Aerated blood passes before birth through the right heart; after birth only through the left; bearing disease to each.—Brunton.

tering success. I wrote an article for THE ALKALOIDAL CLINIC on the subject. Since then it has failed to serve me more often than it has succeeded.

About four years ago my attention was called to a new drug, a derivative of salicylic acid. I refer to aspirin or acetyl salicylic acid. Thus far this drug has not failed me. I sometimes use it alone and sometimes in combination with alkalies and cathartics. At the present time I am successfully using it on my wife. (In fact I stopped its use today after five days' treatment.) My wife comes of a family in which rheumatism seems to be hereditary.

Doctor J. M. Moor, of Floral Bluff, Florida, to whom I applied this remedy with success four years ago, informs me that he finds aspirin successful in his private practice.

If the position I am compelled to assume by the logic of reason and clinical experiences, that rheumatism is the result of a blood poison, a consequence of faulty metabolism, then it would seem a plausible conjecture, that sulphide of calcium, which is known to remedy so many poisonous conditions of the blood current, would be a very promising remedy to apply in this disease in connection with cathartics and diuretics, together with local applications, when indicated. I shall give it a fair trial. At the same time as aspirin has been my mainstay in the past, my main reliance will be upon it in the future.

One more thought and I am through.

As a working hypothesis, looking to a more perfect control of this complaint, I would present to the profession the following, viz.: As I believe all will concede that this disease is mainly due to imperfect metabolism resulting in a

poison or poisonous material being deposited in the tissues, acting as a local irritant, producing thereby inflammation with accompanying exudates; would it not be as well to institute a series of experiments on the lower animals who may be subjects of this disease; these experiments looking to the arrest of such faulty metabolisms, and the neutralization and elimination of such?

A. T. CUZNER.

Gilmore, Fla.

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This writer also has practically worked things out to the conclusion we long ago arrived at. It is interesting to note that these observers, situated in different parts of the country and giving to some extent different treatment hold very similar ideas as to the cause of rheumatism.—ED.

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ACUTE RHEUMATISM—RHEUMATIC FEVER.

Replying to your request in the February CLINIC for something on rheumatism, I beg leave to submit the following:

First, I desire to say that I have been through the mill; no man ever had a much more severe attack of this disease than the writer had six years ago, and live to tell the story.

I feel that my habits stood me in good place at that time. I do not use tobacco in any form, never had a cigar in my mouth, never take a drop of any kind of liquor, in fact I am a "regular temperance crank," as I do not use the vile stuff at all in my practice. I never gambled in my life and I think a gambler is a thoroughly "no-account" man. I am not without my faults, however.

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1,000 have suffered death or blindness from wood alcohol because certain men were mad in the scramble for the dollar.—Bull. Pharm.

Hardly an alcoholic liniment, essence, extract, bitters, nostrum or concoction, not adulterated with wood alcohol.—Wood.

Having had the disease for ten weeks and complicated with rheumatic pleuropneumonia, I am lucky to be alive. Since that time I have read everything that came my way, upon rheumatism; I have had my share of cases to treat and I desire to say that I have some pretty positive opinions on this disease. Thus far I have succeeded in getting my patients through in good shape in two weeks.

Now I will proceed to answer your questions as I see and understand the disease.

I do not think it is epidemic, contagious, or caused by a germ.

I do not think that uric acid, or any other similar body has a thing to do with it; a severe cold is sometimes the exciting cause, producing a sudden clogging of the secretions.

I believe that the heavy meat eaters and the intemperate are more subject to the disease than the vegetarian; that moderate meat eating is permissible, and that we as a nation eat far and away too much meat.

I have persistently advocated before our county and state society that indigestion, especially fermentative, putrefactive, intestinal indigestion, is the prime cause of this and many other diseases. I said recently, in our local society: "Why these poisons will cause different diseases when they are apparently produced by the same cause, is something that is yet to be discovered by our laboratory investigators."

This, of course, causes a severe derangement of the hepatic function. With this indigestion we have incomplete elimination of poisons that are generated in great excess, in fact an auto-toxemia. It is a fact that our bowels

may act every day and yet not act thoroughly and completely; no man ever had more regular stools than I had, and yet after I had been gradually growing worse, in desperation and without my most excellent attendant's knowledge, I took a large dose of castor oil; the putrid condition of the oil stools was simply worse than anything I had ever seen. Two weeks later I repeated the dose of oil and I am positive that some of the stools I passed at that time had laid hidden away in the folds of the colon for a long time; the stench was terrible.

I do not think that doctors are any better patients than any one else. I know that I was a regular crank and tried the patience of my physician to the utmost; the great pain of this disease is enough to drive a saint to desperation.

After the second dose of oil I vomited at least two quarts of the vilest mess I every saw come from the stomach, and I had not eaten that much in two weeks. Where it ever came from is yet a mystery to me.

I believe the salicylates from the true oil of wintergreen are curative, in a measure. I never allow the druggists to dispense any but the true salicylates, no matter for what disease I prescribe it.

Colchicine has done me good service in the chronic form of the disease. I have not had much recent experience with rhus tox.

Now as to my treatment of this disease, it will practically answer the rest of the editors' questions, from my way of looking at this disease. After I had taken the overdose of oil at the second time above referred to, I at once began to improve. That gives you the cue to my treatment—thorough and continued



In many cases poisoning resulted from inhaling the vapor of wood alcohol, or using it externally in liniments.—C. A. Wood.

In making an extract from Tonka beans never use it clear, as it is poisonous. It can be used as a blend in ext. vanilla.—*Bull. of Ph.*

elimination to effectually rid the system of the poisons it has been storing away for perhaps a year or more. If the folds of the colon are filled with fecal masses that have been stored away for a long time, these masses are constantly giving off poisons, and the sooner they are gotten rid of, the sooner will your patient recover. I therefore begin the treatment with small and continued doses of calomel and podophyllin, followed with a good dose of castor oil; there is nothing better than a dose of oil to clear the bowels of old effete matter.

In a recent and severe case just now able to be up and around, I tried large and repeated doses of saline laxative after the calomel and podophyllin, but I did not get the results I wanted until I gave the oil and got the large and horribly-offensive stools that I had passed, then we had easy sailing. This man had a similar attack in Kansas eight years ago and was in agonies for three months; he suffered an endocarditis at that time, which gave me a little trouble for two days; he was convalescent in two weeks.

After cleaning them out well I put them on the salicylates and large doses of iron. I give the iron from start to finish and two months longer. If you will watch the red blood cells through a sieve of this disease, you will soon see that they suffer greatly.

With the salicylates I give acetate or citrate of potash and large draughts of water, and still more water.

If the heart gets to cutting up I give large doses of digitalis. I learned this from my attendant. I keep the bowels acting freely with salines, and about every fifth day they get a dose of oil. A warm soda bath daily to remove the

acid perspiration, and the joints well wrapped in cotton, constitutes the rest of my simple treatment.

To recapitulate briefly: Clean out well and often; large draughts of water, salicylates and iron; opiates to secure needed rest; cotton around the joints.

Some of these days I will treat a patient without the salicylates and give iron only. I have unbounded faith in it for the acute and chronic forms of the disease.

For those that have had the disease and of course are liable to have it again, I will tell you how I treat myself, and I feel fine. I never aim to eat all I want—especially meat—take some saline every morning in a large glass of water. As soon as the intestinal gases become too offensive I flush out the colon thoroughly, about every third week. I have copious stools from the salines every morning but, strange as it may seem, the flushings bring away a lot of foul matter that has been stored away in the folds of the colon for an indefinite period. Why is it that our bowels are not thoroughly evacuated and thus prevent a world of trouble?

I also take a course of iron twice a year.

I fully believe this disease, as well as others, is caused by imperfect elimination, a true toxemia. I have "preached" this theory even since I had the disease, six years ago.

L. R. MARKLEY.

Bellingham, Wash.

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It is merely necessary to call attention to the fact that this writer recognizes the fact that "a clogging up of the secretions" is apt to cause rheumatism, and he does not think that a germ has anything to do with the direct disease man-



Picrotoxin is used as "knock-out drops." It causes unconsciousness like but longer than alcohol, overdoses acting like strychnine.

Disdain not riches. When one was melancholy he might charter Lanphear to sit down and talk to him for a time, and be cured.

ifestation. He also believes that those who do not eat much meat are less liable to suffer from rheumatism than those who are carnivorous. So do we; the less waste the less liability to "clogging up of the secretions" (and excretions). Altogether, the writer has thought out things pretty thoroughly—especially has he realized the fact that a septic intestinal tract is the *causa causans* in nearly every case. With him, we are content to leave others to argue about "uric acid, germs or other bodies" being quite content to know that intestinal infection is the primary cause and that to work a cure we must produce normal conditions of internal cleanliness. "Different men, different measures;" we would use the salicylates but little and opiates not at all and our experience has led us to believe that mild mercurials with podophyllin and leptandrin (colchicine as a more active chologogue) will, if followed by salines, do better eliminative work than oil. The sulphocarbolates will make and keep the intestine aseptic, certainly enough, and hyoscyamine, macrotin and passiflora incarnata will relieve pain and give rest. Rare cases may demand one or two doses of acetanilid and codeine but these are the exception. The main point is to rid the system of the products of faulty metabolism as quickly as may be; once they are gone pain will soon cease. The local application of cold or hot compresses wrung out of a saturated solution of Epsom salt should not be forgotten in acute cases with articular involvement.—ED.



RHEUMATISM AND GOUT.

In the February CLINIC you invite a discussion of rheumatism. I once prom-



A "Family Magazine" before me carries 100 ads of quacks besides 37 beauty makers, in a single number. *How To Live* is needed.

ised you something on gout and I shall now redeem it and treat of the two together, because as a result of years of experience with both, I have come to regard them as allied diseases. I am sure that many cases of gout have been diagnosed as rheumatism and so treated. I do not undertake to say what particular vice lies at the bottom of either disease, and I do not believe that it is the same in all cases; and I think that as yet no one knows exactly what it is in any case.

I think that this view is sustained by the great variety of opinions held by men of experience as to the causation and management. One has only to make a careful survey of the literature of both diseases to see that it is in utter confusion particularly as to gout.

I shall not attempt a detailed account of my experiences with these diseases, as they must be pretty much the same with us all, but state as succinctly as I can, the conclusions resulting therefrom. As to treatment (remember that I am treating the two diseases as one) the first thing to be considered is temperament. If you can put a man in his class as to temperament, you have the keynote to treatment, and the remainder becomes mere detail.

The different temperaments have well marked characteristics by which each may be known, but as the result of cross breeding we find the marks of several in one individual. Determine the predominant one and make it the basis of treatment, allowing for the other as may be required.

I have found in practice two prevailing types, the so-called gouty and the lymphatic, both easily recognized. In the gouty the salicylates and colchicum must

The scavengers of the world are the micro-organisms.

—Brunton.

be the basis of treatment, and in the lymphatic, the alkalies will succeed best.

There is a third condition sometimes presenting in either of the two types named, viz., extreme emaciation and anemia. In these cases, teaspoonful doses of tr. ferri chlor., three times a day, with as liberal a diet as the patient can successfully dispose of, is all that is usually required. If this preliminary line is not attended to, all other means will fail.

Elimination is absolutely necessary in all cases, pushed indefinitely, depending on results obtained. I think in the matter of elimination, too much stress has been laid on the kidneys. Every emunctory should be brought into activity and pushed until every tissue in the body has been thoroughly drained. Failure to do this is the cause of many relapses, and of chronic conditions. The means for accomplishing this will readily suggest themselves to physicians of intelligence and culture.

As to diet. A review of the literature of these allied diseases, especially of gout, will show that about everything has been allowed by some and equally condemned by others. To me this is nonsense. It is a question of a properly-balanced ration, the amount of which must be determined in each individual case by the amount of waste he is actually excreting, keeping the waste in excess of the food taken. After restoration to health, apply this principle to his daily living. It is not so much a question of what a man eats, as to how much he eats, except as to articles which actually disagree with him; these, of course, must be excluded.

I shall conclude by recalling a statement in one of last year's CLINICS, in

which the editor said, "Eat and keep up the strength but *sweep out the waste*," and this dictum is pretty nearly the whole thing as to both rheumatism and gout.

N. G. THOMAS.

Apison, Tenn.

—:o:—

The doctor talks good sense. Temperament means much in treatment. The diet and drugs which would prove effective with "A" suffering from "gout" need not, by any means, do the same thing for "B." What would be over-feeding in "C" (and likely to cause metabolic disturbances with rheumatism as a final result) would barely suffice to keep more active "D" in good condition. We must learn to treat our patient and the condition present, not attempt to make the bald terms "rheumatism" or "gout" indicate any set line of drugging. In attempting to do this latter thing we have, as the writer points out, become "utterly confused."

Let some physician treat two cases of a similar temperament under similar conditions with similar drugs successfully and he will be apt to lay down "a specific treatment for rheumatism." Some one else, working upon entirely different material and with different hygienic and climatic surroundings, tries it only to fail. He, too, is likely to "work out a treatment" and, if it is successful, gives it to the profession as better than the other. And so it goes continually.

The wise man finally realizes that there is no set treatment for either "rheumatism" or "gout" but that certain phenomena which appear alike in people of Kamskatka or Hoboken will follow certain breaches of the laws of normal living. Let human beings do certain things and let them be exposed to certain in-



Elephants in a rice-field destroy 100 fold what they eat; and the same is the effect of microorganisms upon the nutrient media.

Products formed by one set of microbes are favorable to the growth of another set; yeast produces alcohol, a vinegar-producer.—Brunton.

fluences and some of them will, as sure as fate, complain of similar pains and discomfort. Upon examination more or less identical pathological conditions will be apparent—*because the same cause will work the same result each time*. But that does not mean that any recommended set of drugs will prove constantly certain in curative result. A rational method will invariably so prove; provided it is based upon the removal of the cause and the restoration of normal conditions. We must accept this as our main work; the next thing is to discover the means which will do this most surely, generally and completely. We believe we have described them.—*Ed.*



RHEUMATISM AND ITS TREATMENT.

The subject in its most comprehensive sense can be touched on very lightly in one magazine article because one phase blends into another almost imperceptibly, all the way from a typical arthritis or rheumatic fever to a typical neuritis or neuralgia. Rheumatic arthritis is epidemic to a certain extent and the neuralgic forms less so. All forms are influenced and modified by environment, diet and diathesis, also by habits. All forms are related more or less closely and are affected by the same remedies. Inflammatory rheumatism shows far less of the uric-acid diathesis than does the more chronic form common to the middle aged gormand, yet it is aggravated by it.

The more closely inflammatory the case the more favorably it is influenced by the salicylates. The remedy *par excellence* for the inflammatory type and

the one that will come nearest curing all forms is salicylate of sodium. In fact if taken in time and not dallied with it is as specific as quinine for ague. Give it in twenty or thirty grain doses every one to three hours after free catharsis till the pain is in subjection and then often enough to keep the pain down and your case is soon cured.

The great trouble with the profession is that they fear giving such large doses but unless you do you will be generally unsuccessful. If the dose produces that gruesome precordial distress give glonoin. If fever is high ammonium salicylate can take the place of or assist sodium salicylate. The cathartic as well suited as any for the above sequence is podophyllin. A knowing old lady in the back districts taught me that podophyllin is a pain reliever of no small power.

Plain fl. ext. cascara sagrada, in twenty drop doses three times a day, frequently cures these cases too. P. D. & Co.'s has served me best, perhaps, because, on account of being at hand it has been oftener used, but any of the reliable brands may do as well, though some proved entirely inert. The writer's first experience was once when called many miles to a case presupposed to be hysteria, because so diagnosed by another physician. I therefore arrived on the ground with none of the recognized antirheumatics and the case being plainly inflammatory rheumatism, recourse was had to cascara sagrada with large doses of laudanum to temporarily relieve the pain. With no other treatment the patient almost recovered in a very few days.

The old fellows with big belts and lame ankles must be cut down half or two-thirds on their meat and starch



There is a struggle for existence between microbes as there is between higher animals; the first to succeed choke out others.—Brunton.

Microbes live much like elephants: ingest, digest and assimilate their food by means of enzymes or ferments.—Brunton.

foods, put on fruit and vegetables for the first part of the meal with meat and starchy foods for dessert. Then give colchicine freely.

Those tenacious, neglected cases, born with the diathesis and inheriting the disease, are very favorably influenced by hypodermic injections twice or more daily with five grains of iodide of sodium. Try it.

The best treatment for the chronics, especially those with nodosities, etc., are the iodides of potash and soda, with massage; but the hot air process, that is a temperature of 300° to 400° F., is sometimes very effective; salt rubs with cool water, and likewise in hot water followed by wrapping in blankets, are good in all kinds.

The more neuralgic forms are better treated with rest and by a fattening process. If necessary use splints to secure rest. Liniments containing salicylic acid are good adjuvants.

Rheumatism is frequently mistaken for other diseases, especially those of malarial origin and also is greatly influenced by malarial complications and is nearly always affected by the free use of quinine as an adjuvant.

Once the writer was called to a little patient not eighteen months old who had all the tabulated symptoms of hip-joint disease including obliteration of the subgluteal fold, fixed joint with back tilting when placed upon the table recumbent and the knee was pushed down, relief on traction, etc. But taking council of my sympathy for such tender age, and the discomforts of a plaster jacket, I told the parents there was a bare possibility it was rheumatism and the suspicion was fully verified in three days' use of salicylate of sodium alone. And, by the way,

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We are returning to Liebig's view that fermentation is not necessarily connected with living organisms.—Brunton.

that the wintergreen salicylate is the only one is all bosh.

Rheumatism is one of the few diseases in which heroic dosage is the secret of success in all but the chronic forms. To do good you must quiet the pain quickly. Of course the uric-acid form of rheumatism is closely allied to other diseases of the skin, mucous membrane, etc. Many cases of pharyngitis are quickly cured by effective doses of sodium salicylate.

Not the least of the good offices of sodium salicylate is through its effect on the liver and bile in these diseases. The drug acted so nicely in purpura rheumatica that it was tried in the hemorrhagic form with equally good effects. A lady who at intervals for years had been tormented and tortured by crops of hemorrhagic blotches, very irregular in size and shape with intense itching and pain so intense indeed that she said she desired to die, applied to me and fifteen grain doses of salicylate of soda were prescribed hourly with the most happy results in two days. The lady had three or four returns of the trouble, then it disappeared altogether.

L. S. TRUSLER.

Fall River, Kansas.

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RHEUMATISM.

Excuse me for coming so soon again, but you ask about "Rheumatism—your experience please." This is interesting to me and no doubt will prove so to all your readers. It is especially interesting to me as I was a confirmed rheumatic, but am no more. For many years I had acute attacks of acute rheumatism, laid up in bed from six to twelve weeks at a time and more or less subacute and

Sulphurous acid attacks enzymes and ferments alike—phenols and chloroform act on ferments, but not upon enzymes.—Brunton.

chronic manifestations between these severe attacks, so I was obliged to use a cane. It affected my heart, as manifested by pain, irregular action and slight murmur for a time. It made me miserable and caused me alarm. For the past three or four years I am entirely free from it all.

What did I do? I conceived the idea to undereat; to eat slowly; to exercise more out of doors; to eat one square meal a day, at noon—no breakfast but as much milk and cream as I desired at supper time; to drink lots of water, no coffee and no alcoholics of any kind. I have carried this out rigidly these years and am still doing the same rather faithfully. My elimination was also attended to. All my functions have been faithful and regular, I am suffering no more from indigestion and fermentation, which I did so much in the past. No medicine was taken.

My case taught me that rheumatism is a disease of metabolism brought on by overeating, fast eating, poor mastication and deglutition, poor digestion, poor and insufficient exercise, fermentation, mal-assimilation, mal-dissimilation, mal-elimination—autointoxication in the broadest sense of the word. It is the more or less passive-lived man that mostly suffers with rheumatism. Exercise is a great adjunct to digestion and assimilation, as well as to elimination. Rheumatism is hard to cure, because you cannot induce the patient to live right and with endurance.

Rheumatism, gout, lithemia, rheumatoid arthritis, polyarthritis, all look very much alike to me and I believe them to be the results of poor metabolism.

So-called gonorrheal rheumatism is an



The great destructive agents to organized ferments or microbes are heat, light and air; especially moist heat.—Brunton.

exception and evidently is infective in nature.

I think it is not essential to answer all your questions singly, because the thought that I have tried to convey here seems to me covers the entire subject. If rheumatism is a germ disease I would still have reason to have it right now, as I have a perforation of the nasal septum (caused by pressure necrosis following repeated inflations of the Eustachian tube by the Valsalva method), nasal, pharyngeal and aural catarrh, but all of this has changed with the improved habits and life that I am leading with perseverance.

ROBERT PETERS.

Chicago, Ill.



RHEUMATISM.

Locating in western Nebraska, I was surprised at the number of cases of acute inflammatory rheumatism in this dry climate, which occurred at all seasons, wet or dry, though most prevalent during the winter.

I see no evidence of contagion, though it does occur in epidemics similar to those of pneumonia and la grippe.

I am a strong believer in the dependence of rheumatism on dyspeptic conditions and as to the influence of winds rather than dampness, also in the uric-acid hypothesis. Nearly all cases give a history of repeated attacks of dyspepsia; perverted appetite, coated tongue, bad taste in the mouth; indications of inactive or torpid liver, constipation; scanty urine, highly-colored and frequently voided. This leads to the theory that impaired digestion interferes with normal assimilation and metabolism,

A chill may often be stopped by spraying with 3 per cent menthol, which destroys the microorganisms that light in the nose,

which in turn interferes with the excretion of urea and other products of the kidneys, skin, etc.

Therefore dyspepsia, intestinal indigestion, torpidity of the liver and inactive kidneys, I consider as the chief factors in the causation of rheumatism. In regard to meats, vegetables and what are commonly termed "greasy foods;" when known to be the cause of dyspepsia, torpid, liver, etc., they should be restricted.

I have noticed a marked connection of sore throat and chorea with rheumatism, especially in children.

The prophylactic treatment of the above conditions, with calomel, anticonstipation granules, intestinal antiseptic, calcalith and diet should be attended to, and after these corrections have been made I derive complete satisfaction from the salicylates, especially sodium salicylate, and from pilocarpine and colchicine.

E. M. STEWART.

Imperial, Neb.



RHEUMATISM: IMPERFECT ELIMINATION.

Acute articular rheumatism is due, in my opinion, to a somewhat complex cause, definable by two words, viz., imperfect elimination. In a majority of cases there is probably a predisposition, transmissible, which can be kept under control by proper constitutional treatment and a due observance of hygienic dietetic rules.

The diathesis predisposing to this disease is lithemic.

A majority of my cases have given a preceding history of indigestion, weight in the right hypochondrium; sallow complexion, furred tongue, constipation; more or less scanty urine, sometimes



Drafts cause cold by weakening the tissues so that they are no longer able to withstand the attacks of microbes.—Brunton.

pale, sometimes highly colored; worn out, tired feeling, unrefreshing sleep lasting from three days to two weeks. Acute articular rheumatism is a distinctly pathological state due (a) to an absorption into the circulation of toxins from the alimentary canal, acting upon (b) the solids retained from the kidneys, reinforced (c) by exposure to drafts, winds, dampness, more or less prolonged wet weather, wetting of the skin, sleeping in wet clothes, cooling too quickly after being too warm—anything which suppresses the skin functions. As these conditions may produce other diseases the determination to the joints is due to the predisposing diathesis.

Large meat and pastry eaters are more liable to attacks of inflammatory rheumatism while vegetarians and large fruit eaters are much less liable. Starches seem to have little or no effect. Habitual whisky drinkers seem to be immune from severe attacks. I do not remember to have treated a grave case in an habitual whisky drinker. Is this due to the antiseptic influence of alcohol in the alimentary canal? Beer drinkers and total abstainers are more liable. The majority of my cases have been in total abstainers from alcoholic beverages. I have attributed this to the fact that they were large eaters, busy men and women, and neglected attending to their functions properly. A total abstainer, however, will recover more rapidly from a severe attack than an habitual whisky drinker will from a comparatively mild attack.

I think there is a distinct relationship between eczema, asthma, rheumatism, spinal sclerosis, muscular atrophy, and even chronic bronchitis and uricacidemia.

Now as to the treatment: When a case of acute articular rheumatism is

Pneumococci are probably inhaled day after day, but if we are chilled by sitting down in damp clothes we may be infected.—Brunton.

seen at the outset, the first essential is to clean out with a *free* calomel and saline purge. The calomel should be given in sufficient dose to get its diuretic effect as well as its effect on the alimentary canal. Intestinal antiseptics may then be given if the stools are particularly offensive; if not, they may be omitted and the calomel repeated in forty-eight hours for its purging, diuretic and antiphlogistic effect. In the meantime aconitine should be given freely to control fever, quiet the arteries, and reduce the inflammation. If the pain is severe, morphine may be given to control suffering, but should be used sparingly and never until after the bowels and kidneys have been relieved.

Locally the best treatment in my hands has been to sweat the joints with wool or cotton bandaging, but cold is often agreeable to the patient, though not so effective. I think the glycerinated earthy pastes would be very serviceable here, but have not had occasion to use them in this disease, owing to too much distance to supply stations. After the acute symptoms have subsided from the above treatment and the case has become subacute the patient still complaining of soreness and stiffness of the joints, which hurt on the slightest motion, or if there are shooting pains in the joints, bryonin should supersede aconitine. This treatment will bring a large number of cases to a successful issue, leaving nothing to be done except to rebuild and watch the functions carefully. In some cases, however, when the patient gets out of bed and around his room he will complain of some stiffness in his joints, which impedes his motion. Here I have given sodium salicylate, say 10 to 20 grains three times daily, with good effect. I do not think sodium salicylate compares favorably with acon-

itine and calomel in the acute stage, nor with bryonia in the subacute, but it appears to do excellent work when the subacute threatens to become chronic.

When there is a marked history of indigestion preceding the attack or extending into it, with nausea, *nux vomica* may be given with aconite and will often correct the gastric disturbance and tone up the glands and tissues. When *nux vomica* fails, *colchicum* may be substituted for it with benefit. The gastric symptoms are the most reliable indications for the use of *colchicum* in rheumatism. *Belladonna* has been useful to me in this disease when the pains have been violent, paroxysmal, the remission complete, or nearly so.

Rhus tox. has never been of the slightest use to me in acute or subacute articular rheumatism, but I have given it with success in chronic rheumatism, with muscles stiff and sore, when first beginning to move, but which limber up on continued motion. It is said that *rhus* should be given when a chill has resulted from a wetting of the skin, but aconite has served me better in all cases where the functions of the skin have been disturbed by chilling, from any cause.

Pulsatilla has been of service, especially in women. They are lithemic, low, spirited, crying on the slightest provocation, hysterical; the joints are sore, swollen, with pains flying from one to the other, or the inflammation leaves one joint and goes to another. And right here I want to add that *pulsatilla* has done more for me in uricacidemia of women, whether there was rheumatism or not, than any alkali that I have ever used. They are despondent, even suicidal, urinate scantily or not at all, with



Many microbes are destroyed in the stomach, but if it be catarrhal they may thrive there, if HCl be scanty.—Brunton.

Antisepsis in the intestinal canal is a matter of very considerable importance, as there microbes produce poison.—Brunton.

foul tongue and indigestion, suppressed or scanty pale menses.

Now while I do not believe that uric acid *per se* is the cause of acute articular rheumatism, I cannot say the same of muscular rheumatism of a chronic character. For this condition the best remedy that I have used is potassium acetate in doses varying from five to fifteen grains three to four times daily.

Here is a case of peculiar interest, illustrating some of the points desired: Mrs. F., age 24, pregnant with her fourth child, had been lame all winter, when I saw her in the spring. She was now confined to her bed; the muscles were sore and stiff, bowels constipated; urine scanty, coffee-colored, specific gravity not taken. Body, legs and arms were covered with small boils in all stages of development. She received first a free calomel purge; next calcium sulphide in half-grain doses every hour during the day and potassium acetate one and one-half ounces to water one-half pint; a teaspoonful every three hours. The boils were immediately aborted, the urine cleared up, became free and in ten days she was attending to her duties.

John D., age 25, farmer; mother died of cardiac dropsy supposed to be due to rheumatism. He had never been confined to bed himself with rheumatism, but was often lame, especially the muscles of his back and hips. He was an habitual but moderate whisky drinker—never got drunk but always kept it where it would do the most good. He had an obstinate impetiginous eczema on one cheek and the neck. He had been treated by several physicians and had used all the unquents that he could hear of, but without benefit. Inquiry as to the state of the

urinary organs disclosed the fact that he was passing but little in twenty-four hours, and what he did pass "was like lye." Proscribing whisky and meat, he was directed to keep the eruption clean with warm water and soap, and given calomel, gr. 1-10, every three hours for a few days, when he was put upon alkalithia four times daily. He made a prompt recovery and abstained from whisky for a year or more with no return of the trouble, when he concluded that he must have his daily dram again. In a few weeks the trouble returned, when he came to me, and whisky was again forbidden, and the same treatment given, with the same result.

Mrs. B. was taken with a very severe attack of asthma. She was of rheumatic diathesis but had never been confined to bed with rheumatism. Eliciting the fact that she had not urinated freely for several days, she received three two-grain powders of mercury and chalk, one every hour. Telling her I would be back shortly, as I wanted other medicine, I left. When the third powder was taken the asthma was gone. The influence of mercury upon many of these cases is well understood and needs no dilation upon by me.

As a rule calomel, grain 1-10, three to four times daily for weeks, with proper attention to diet, has proved for me the best remedy, for men; but if they persist in using whisky they might as well take as infinitesimal a dose of distilled water, for all the benefit they will get.

Then the treatment will often require changing when the choice will be best made from some of the alkalies.

M. B. FULLER.

Gibbs, Ky.



Muscarine is a product of albumin decomposition and is sometimes formed in the intestinal canal.—Brunton.

Poisoning may occur from ptomaines or leucomaines, if produced too freely or excreted too slowly.—Brunton.

Perhaps we might have saved much setting of type and writing of words, and expressed our own (and apparently our correspondents' ideas) as to the cause of rheumatism, in the two words of this writer—"imperfect elimination." That this is the cause is evident, but what causes the imperfect elimination? Lack of proper functioning, originating, as a rule, is an improper or excessive diet and an unemptied intestine. The ingested material is not properly converted into assimilable substances; abnormal products—or normal products in excess—are developed and the various organs are overtaxed and unable to do their work. Waste matter, which should leave the body as soon as it passes into the bowel, is stored there and reabsorption of the septic fluids takes place.

This means new chemical combinations and the production of unnatural and deleterious substances. The liver and other organs attempt to take care of these, with the result that they become either torpid, congested or erratic in action. An examination of the urine at this time would undoubtedly reveal the state of affairs, but the subject does not yet feel the need of a doctor, so no such examination is made. At last, when the entire economy is deranged, comes the needed condition—germ it may be—and we have a case of rheumatism or gout. An examination of the urine shows uric acid in excess; or we may find bile, albumin, sugar or any one of a score of things which should not be found. The chemistry of the body has gone crazy and the nervous system objects to being poisoned. If we shut off the nerves, drug them into insensibility, or render them anesthetic, we are destroying the only danger signals worth heeding. Therefore it is our

duty to remove the toxins, restore order in the laboratory and see that necessary work is done in the proper manner and on time.—ED.



RHEUMATISM.

Most cases of rheumatism can be cured if taken in time and proper remedies are used. To clean out the bowels I generally use the compound podophyllin pill, or podophyllin and leptandrin. Of late years I treat acute and subacute rheumatism with salicylic acid made from the oil of wintergreen and bicarbonate of potash. I take four drams each to six ounces of water and two ounces of syrup, and give a teaspoonful every three hours until better, then at shorter intervals. I use for the painful parts the rheumatic liniment of King's Dispensatory.

A good method to promote elimination by the skin is to add two ounces of camphor to one pint of alcohol. Then place the patient, first removing the clothing, on a wooden-bottomed chair or stool, put a blanket snugly around him and evaporate the tincture of camphor beneath on a hot stone or a stove lid. Give, at the same time, an infusion of horse mint, hot, until the patient perspires, then wipe dry and cover up in bed. In a few sittings he will be well.

In one case I gave the salicylic and bicarbonate of potash treatment and followed it with the specific tincture of apocynum for the enlarged knuckles and used the rheumatic liniment with a small quantity of the oil of wintergreen added, which makes a good liniment itself for rheumatism. He was cured.

A few words in favor of black cohosh. It is one of the best remedies of the materia medica. It is good for rheumatism,



Bacilli live on certain foods; and if the food is changed very quickly they cannot adapt at once and starve.—Brunton.

In infantile diarrhea we may change absolutely from milk to farinacea, then to white of egg in water, with success.—Brunton.

good for a cough, good for dysmenorrhea, good for afterpains, good for suppressed menstruation.

I use colchicum in chronic rheumatism, and guaiacum and apocynum are good remedies in rheumatism with enlarged joints.

A combination of the following is a good remedy in any form of rheumatism. Take equal parts of the tinctures of stillingia, guaiacum, turkey corn, prickly ash, black cohosh. Mix. The dose is one teaspoonful four times a day in milk or water. In acute cases the rheumatic liniment is too hot. When this is the case use the following: To the swollen and painful joints apply on cloths, olive oil, oz. 5; chloroform, oz. 2; ammonia water, dr. 6; tinct aconite, dr. 2. Apply sufficiently often to relieve pain.

JACOB BALL.

Turtle Creek, W. Va.



RHEUMATISM.

I am reminded to say a few words about rheumatism, by your editorial question on page 150 of the CLINIC. Usually I have associated rheumatism somewhat with dampness, yet not to the extent that it has, in my experience, been in any sense epidemic under the most humid conditions. I believe, in nearly every case, rheumatism is preceded by defective metabolism when "breakings up" stop part way, allowing accumulation of xanthin products, possibly like uric acid, that are not easily moved with the shifting fluids of the tissues.

I also believe that complex molecules, like those of proteids, are more likely to yield these "half-way products" than are the less complex and less fixed molecules.



I believe the feeding bottle with long rubber tube is responsible for more deaths than Napoleon and his generals.—Brunton.

I presume the highly-elaborated molecules are more abundant in animal than in vegetable tissues and that animal foods are therefore more productive of defective metabolism and consequently of rheumatism. Defects in the mechanism of metabolism would naturally yield more half-way products than perfect physiological functioning, thus we would expect to find intestinal indigestion and hepatic malfunction in the record of rheumatic etiology.

Practically, I have observed a near association between tonsillitis, purpura hemorrhagica, gonorrhea, pleuritic and other inflammations, certain neuralgias, chorea and rheumatism.

I have noted that asthmatics exposed to the cold suffer severe pains in the extremities, which pains are relieved by heat. I have found that gonorrheal rheumatism reacts promptly to oil of gaultheria. I use the above oil, or mesotan, internally and externally in rheumatism, with granules of colchicine, as often as the patient can endure the griping they occasion. I further use saline laxative, a dram every few hours, sometimes hourly, and sometimes I ring in sodium phosphate, a dram every two to four hours, and potassium acetate, macrotin, cactin, tonics, etc., as indicated.

As to chronic rheumatism, every case is a law unto itself. Elimination appears to be the main indication. Will some one tell me just what chronic rheumatism is?

C. E. BOYNTON.

Los Banos, Cal.



HOMEOPATHY NOT QUACKERY.

My attention has just been called to the article in the December number of THE ALKALOIDAL CLINIC in which hom-

Gastrointestinal catarrh from decomposed milk causes cries, concealed by opiates; the child dies. Give antiseptics.—Brunton.

eopathy is included in a long list of quackeries.

Homeopathic practice, as exemplified by the present generation of representatives, needs no defense. There is as much of head and heart, conscience and brain, in the graduates of homeopathic colleges as in graduates of allopathic colleges.

My observation leads to the conclusion that the men who practise medicine with the doctrine of homeopathy standing preëminent in their faith and clinical work are pretty generally broad-gauged, not narrowly-bigoted or exclusive. I believe there is a receptive attitude toward all medical truth, and that no clinical expedient or agency, of whatever quality or quantity, would ever fail to be utilized for the benefit of the sick.

The American Institute of Homeopathy defines a homeopath to be all in point of medical education that the so-called "regular" physician is, *plus* a special training in and knowledge of homeopathic therapeutics. In other words he is in point of equipment professionally the equal of his brother "regular" and in addition makes use of the homeopathic principle in his practice. That is what an up-to-date homeopathic physician stands for. If he is not the equal in fundamental medical education of his "regular" confrere he is a past edition.

There is no place for sectarianism, or narrow doctrinal bigotry in the practice of medicine. The physician ought to be large and broad-minded enough to utilize in his efforts to heal the sick any or all or at least the best any system or practice has to offer—or no system, just plain empiricism, if it has worthy en-

dorsement. The only medical creed I am constantly loyal to is: *Cure the patient*. I am a homeopath—but something more: *anything* to cure my patient.

Is this quackery? Does THE ALKALOIDAL CLINIC stand sponsor for this insult to all the doctors who make use of the homeopathic system in their practice?

Of course there will always be differences in details of medical practice. It will never be absolutely stereotyped—not because we are not all graduates of the same college, but very largely on account of temperamental as well as educational causes. I think there is a personality about every doctor's practice—something more than medical creed that enters into the equation of success. There is a potential influence in the psychology of medical practice which is not sectarian—not based on the doctrine of *contraria* or *similia*, and which does not always take the stomach route.

In conclusion I submit that the so common, ubiquitous, patronizing attitude of the "regular" toward the homeopath is unjust and that the calling of names has wrought estrangement and division where there ought to be equality and mutual confidence.

H. PARSONS.

Chicago, Ill.

—:o:—

Our opinion upon this question will be found in an editorial in another part of this number. Read it please. But do not think the CLINIC "hide-bound." The editor knows many homeopaths and has learned to honor them for their enthusiasm in behalf of dependable therapeutics and for the material con-



Frequently one may cure nervous disturbance by giving antiseptics to arrest putrefaction in the intestine.—Brunton.

By calomel and a saline we clear from the bowel microbes and their products and employ a powerful antiseptic.—Brunton.

tributions they have made to this cause. After all we are not so far apart. Eliminate sectarian *names* and the "estrangement" of which Dr. Parsons speaks, in our opinion, would soon cease to be.—Ed.



THE DOCTOR'S OFFICE.

Professor Frothingham, of Michigan University, once said before his class, in our presence: "Take care of your office, and your office will take care of you." As it was very essential that our first efforts in the practice of medicine should be a success, we clung very closely to this laconic statement from the first and through years of experience demonstrated it many times over to be unequivocally true. It is astonishing, to one who has never tried it, how much can be accomplished, how much real good can be done our half-sick clients, and how much the year's income can be increased through careful attention to office detail—the very *working up of an office business*, and a good one (especially when your office is in your home—where it should be) is fully within the possibility of every general practitioner. It was the writer's good fortune to accomplish this and to find, after a few years, nearly 25 per cent of his cash income directly traceable to office work done during the usual hours of relaxation and in the *interim* between morning and evening calling trips.

This being the case, we were naturally much interested in the effort of Dr. Albright whose book, "The General Practitioner as a Specialist," was announced in the CLINIC (in which it has been steadily advertised since), some



years ago, and whose bright journal, *Albright's Office Practitioner*, soon followed. We have also the pleasure of a personal acquaintance with the doctor and are glad to vouch for the genuine earnestness and integrity which lends its success-impulse to the work he is doing.

Dr. Albright is one of our ablest young editors. He has the right idea, as evidenced by his editorial, "Habit and Custom, the Enemy of Thought and Impediment to Success," which we take pleasure in quoting in this connection, and *in toto*:

Physicians, as well as other business men, men who depend upon the fruits of their labor, either mental or manual, for their daily sustenance, often forget that originality along certain lines is fully as productive of positive results as advanced methods are profitable to the merchant or mechanic.

"Man," it has been said, "is the creature of circumstance, the child of habit," and, although many old adages and modern proverbs have been hopelessly "smithereened" in the progress of time, this one bids fair to endure its ravages and remain intact for ages to come.

Custom establishes forms which in time become laws, and in due course of time a person will do today just what he did yesterday; not because it needs to be done today, but simply because it was done yesterday, and usually in the same way it was done yesterday. Thus custom begets forms and breeds habit, the enemy and destroyer of thought.

When anything is to be done there is always an apparent method of doing it, but the apparent way is seldom the only way and frequently not the best way.

The business man, and we think here of the physician as such, is not in business to please himself, but for the purpose of attracting the attention and

The life processes of the lowest plants—microbes—may be learned from a study of the highest, being similar.—Brunton,

As jaborandi produces pilocarpine and its antidote jaborine, in varying proportions, so microbes, toxins and antis.—Brunton.

securing the patronage of those he wishes to please. If custom has established forms which will make the desired attainment possible, then custom offers a safe guide. If following custom means that tradition is followed blindly, regardless of, and ignoring modern teaching and evident truths, then custom must be relegated to the rear, lest insult be offered to opportunity.

The physician who would hesitate to appear in public, wearing a last year's hat or a cut of clothes fashionable several years ago, and yet who prescribes black draught, infusions, powdered crude drugs or the unstandardized and indefinite tinctures and extracts found on the dusty shelves of remote drug shops, should remember that "consistency is a jewel" which is quite as brilliant when examined at short range as when viewed at a distance.

The public does not look upon medicine as a business, seriously. It is too often classed in the same rank as the street car, the news-stand or the telephone; convenient when needed, but not recognized except as an accommodation. It is not attracted to any physician because of the amount of money, time and labor he spent in acquiring his degree and license to practise; an ostentatious display of diplomas and certificates seldom makes an impression that brings any direct financial return; it views his immense library in a matter-of-fact way, as a taken-for-granted requirement, and fails to recognize the "noble art" in medicine, when observing it from a business point of view.

The strongest competitor of any physician is *quality*. All other things being equal, or possibly unequal, the physician who delivers the highest grade of goods, measured by actual results, is the strongest competitor any one has, and the only one that need be recognized. Others may occasionally rise with the swish and the noise of a rocket, but they come back with a dull thud and sink so deep that resurrection

is impossible, and, in the long run, no matter how long, quality will be the winner.

Qualification to dispense quality comes not for the asking, not while you sleep nor while passing an idle hour. It implies a willingness to learn, an application to the study of modernities and an adaptation of well-known rules, essential to success.

Too many persons qualify their acceptance of plausible theories by their satisfaction as to the authority thereof, and if the source of new information should be obscure or of but little repute, confirmation must be produced before sufficient credence is given to warrant an application.

Every person has a right to his opinion, of course, and the world at large is in too much of a hurry to enter into a dispute with any individual looking for an argument, as opinions are at best only opinions and as such they never pay the rate of interest that will accrue to a more receptive mind. The willingness to learn something, no matter how or where, means not only that the individual will acquire and assimilate knowledge, but that he will be able to use it as well.

The most successful practitioners, those who have risen above their competitors, are those who by reason of their liberal spirit and eagerness to pick up a grain of truth wherever found, have developed an originality, and whose work bears the imprint of *quality*.

Be progressive, study, apply, practise. Employ modern agents of therapeutics, prescribe drugs of known strength and quality, use the smallest quantity of the best means calculated to produce a definite result, avoid empiricism, shun cheap drugs as you would cheap food and dismiss the salesman or representative who uses the low price argument in his endeavor to secure your patronage. Remember that an egg that requires an argument to prove its freshness is doubtful, and that a doubtful egg is bad.



Coagulation of the blood is prevented by depriving it of its soluble calcium salts; and restored by adding them.—Brunton.

Calcium chloride, 40 grains a day, was given a bleeder, and a serious operation done without any risk from bleeding.—Brunton.

Modernize yourself as well as your equipment and remember that ancient workmen cannot handle modern tools. Being equipped mentally and physically in right up-to-now style you will be able to achieve Quality and Success "by doing that which others do, beyond their range of competition."

Custom has beaten a path and habit blazes the way that makes travel easy, the road is smooth and all the jolts have been removed; no other road can be made as easy without much labor, but the reward will be sufficient compensation for the effort. New roads will lead into new fields and the freshness thereof is always more pleasant than the dust of the beaten highway.

—:o:—

A man with this purpose in his heart, and with *the ability and determination to live to it, is bound to succeed.*

There are no fears on the part of the CLINIC as to Dr. Albright and his effort. He will win for himself, and in doing so will benefit the medical profession at large; and the medical profession inspired by such work as he is doing, such work as the great mass of the wide-awake medical press of the day is doing, such work as the CLINIC is striving with all its might to do, will have a shaping influence for the better upon the people at large, as no prior effort has had in these modern times.



TREATMENT OF PNEUMONIA.

In the abortion and treatment of pneumonia, the CLINIC and the profession at large is to be congratulated upon the advanced position its editors have taken, and upon the influence already apparent, of the positive presentation of that position. To many of us "irregulars" pneumonia has not had any terrors. It has



Nitrites cause dyspnea by forming methemoglobin, with little risk, as the deoxygenated tissues gain reducing power.—Brunton.

always been as manageable as measles and chicken-pox, because, for fifty years, we have used the main remedies that Drs. Abbott and Waugh suggest, although in the fluid form. The alkaloidal method is a marvelous advancement over the common irrational method, and it is successful indeed.

In my opinion, proven by thirty years of the closest observation, there are several fallacies in the commonly-accepted belief of the profession, that must be gotten rid of, before the treatment of this disease can be truly simplified, and simplicity of treatment is to be desired, above everything else. A severe and complicated course of treatment is to blame for a large percentage of deaths. This has been demonstrated.

The first of these fallacies is that depletion is essential. This is a radical error and in any general acceptance is now nearly obsolete. While blood letting was once the sheet anchor, no physician thoroughly advanced in the knowledge of the most modern and scientific methods of therapeutic practice now advocates it. A surgeon will occasionally speak in favor of it, but no therapist will do so. Physics for depletion or derivation are harmful and *should never be used*. An active laxative is in place at the beginning of the treatment, but one normal bowel movement, each day, is all that is required in any case. Looseness of the bowels must be restrained.

The next fallacy is that mentioned in the *Medical World* in November last, by Dr. Waugh, and referred to on page 282 of the March CLINIC,—cold applications in pneumonia. This is a most fatal error. Because of the great excess of heat in some cases where cold has been used, its deadly influence, in harmony with the

CO does not relax its hold on hemoglobin and requires replacing the blood by transfusion, after bleeding, to save life.—Brunton.

underlying cause of the disease, has not been apparent, and the recovery has been attributed, in part, to its influence. But many cases have come to a quick fatal issue, because of it.

The primary pathological factor in acute pneumonia is *capillary congestion*. It is the first wrong, in every case, in the capillaries of the lung structure. It is the essential wrong, and *it is present, in many cases, before any pneumococci can possibly be found*. The influence of cold upon animal tissue results in congestion, stagnation of the blood in the capillaries. Cold applied to the chest will *directly increase* this pathological condition, and rapidly hasten the appearance of the succeeding elements, in the pathological development of the disease.

On the contrary, heat is a powerful stimulant to the capillary circulation. It is diametrically opposed to congestion. Its application starts the corpuscles anew through the capillary tubes, arouses the nerve peripheries to renewed action, and this influence is at once conveyed to the nerve centers, when it is conveyed to the emunctories, and secretion, especially of the skin, which is rapidly abating or has ceased, is quickly restored, and the entire train of original functional operations throughout the body at once feels the influence. The local effect is most pronounced. The capillary congestion fully relieved, at the onset, *there can be no inflammation*. This is self evident to every close observer. Heat, intense and persistent in the first stages of pneumonia, is most desirable and in the profound congestive cases, is absolutely essential.

Heat applied overcomes the local engorgement and hepatization, opens again the air cells, carries off most rapidly the quickly-accumulating morbid products

—the disintegrating cell waste—and brings back the restorative elements, the nutritional and upbuilding products so vitally essential to the restoration of health. As it stimulates the capillary circulation in this manner, it also directly dissipates the heat and this *reduces the temperature*. This is apparent to those who invariably use it. With cold all these influences are reversed, except a temporary reduction of temperature.

Another fallacy is that the heart is sure to fail, in every case, and must be sustained from the first. I am confident that most of the remedies used during high temperature, to sustain the heart against anticipated failure, really and directly sustain or increase the temperature and advance all the pathological processes of the disease. It is like whipping up a horse, to get away from an enemy, supposed to be following, when the enemy is lying in wait, ahead, and is the more rapidly approached. If the strength of the horse be preserved, there is a far better chance of getting away from the enemy, when he approaches. Stimulating tonics should not be given during the progress of high temperature. The results are not beneficial.

Another fallacy, perhaps the one most cherished, and most difficult to get rid of, is that opium is essential in pneumonia. *The physiological action of opium and morphine is in direct harmony with the pathological conditions occurring at the onset of this disease, and assists and hastens the development of the disease.*

I am confident that this remedy has hastened a fatal termination of many cases. The first effect of morphine may be stimulating, but the stimulation is not directly exercised upon the capillary cir-



The duration of drug-action depends much on the rapidity of its elimination; especially if it circulates between liver and bowel.

The amount of drug-action depends largely on the size of the taker; but fat is an inert tissue and not to be counted.—Brunton.

culatation actively enough, nor persistently enough, to antagonize the congestive processes, and it always retards elimination, and ultimately increases the congestion. All the pain of pneumonia can be readily controlled by measures which are in harmony with all efforts calculated to antagonize the preliminary congestion, to retard the inflammatory progress and to remove any products of the disease. This opinion is concurred in, today, by at least ten thousand physicians in the United States, whose mortality in pneumonia, in general family practice, has never exceeded five per cent.

In the treatment of this disease, while the indications for quite a large number of remedies may appear during the progress of a protracted case, the early phenomena can be met with but few remedies, and by simple positive treatment, and these begun early will very often abort the disease, as Drs. Abbott and Waugh claim.

There is a class of cases that develop suddenly in sthenic patients, from exposure to severe cold or from protracted wet and cold. The patient may be in perfect health, apparently, six hours before the chill occurs, with difficult breathing, sudden oppression, and other evidences of acute pulmonary congestion. Pain in the lungs and dulness on percussion are often severe from the first. The patient is restless, breathing is oppressed, the skin is cool, and the face will have a dull, dusky or purplish tinge. The temperature rises quickly and the pulse is large, round, full and soft, and perhaps one hundred and twenty beats per minute. This is a *veratrum* case. *Veratrine* granules alone will, at the start, abort such cases, with persistent intense

heat to the chest. The granules should be given every twenty or thirty minutes, until the pulse is reduced to seventy-five, then every hour, until it reaches fifty-five, or fifty even, in a strong case. Then it should be given often enough to keep the pulse below normal for twelve or eighteen hours. The patient should be kept very quiet and warm, with but little food and no alcoholic stimulants for this time.

The indications for belladonna, or very small doses of atropine are often strongly marked here, and will increase the effects of the *veratrum*. This is especially true if there be mental dulness, the patient stupid and indifferent, with dull eyes, with dilated pupils, the skin and extremities cold, with continued chilliness. Belladonna should be pushed, then, for its physiological action. There is no agent that so directly antagonizes congestion and overcomes capillary blood stasis as belladonna. Its results are precisely those induced by heat, and more.

In another class of cases, there is a preliminary chill and a sudden rise of the temperature, with warm skin and flushed face, but no great degree of nervous excitability. The pulse is hard, quick and sharp. This is an *aconite* case. The *aconite* granules alone can be given in this case, with full satisfactory results. In my early practice I gave *aconite* and belladonna in minute doses in all classes of cases, and obtained most satisfactory results. I am confident that small doses of belladonna can be continued in every case for four or five days with a direct beneficial influence upon all the conditions induced by the primary congestion. In minute doses it acts beneficially also upon secretion and excretion, in propor-



If a man has the right to doubt, after investigation, he most certainly has not the right to doubt without examination.—Epstein.

Eating liver or thymus increases uric-acid excretion; brain and kidney less so, though as rich in nucleins.—Umber.

tion as it exercises a beneficial effect upon capillary congestion, which retards these processes throughout the body.

When the case is not seen at its onset, the indications for bryonia are likely to be present most conspicuously. These are quick, sharp, cutting, chest pains, quick breathing, which causes pain, dry, sharp, persistent, hacking cough, and hot skin, with one cheek flushed brightly. This agent will allay all these phenomena and is especially indicated to control the temperature and pain. I mix fifteen drops of specific bryonia in four ounces of water and give a teaspoonful every half hour or hour. A remedy that acts delightfully in harmony with this is ipecac, given short of producing emesis. I often give the two remedies together. Bryonin and emetine will produce the same results.

In my early practice, before I learned to diagnose precisely, I adopted a routine treatment, in pneumonia, which produced surprising results. I dropped five drops each of aconite and belladonna in two ounces of water, in one glass, and eight drops each of bryonia and ipecac in as much water in another glass, and gave a teaspoonful of these alternately, every hour. With children I got much better results by giving half teaspoonful doses every half hour.

This comprises the main treatment of this disease and its results will seem a miracle to those not familiar with it. When the disease has progressed and the heart is actually weakened, one remedy only is needed, beside nutritious food, and that is cactus grandiflorus. This will do all that digitalis and strychnine will do, and at the same time it strengthens the nervous system, controls the temperature, imparts nutrition to the heart, as-

sists the digestion, and if serum or other of the products of inflammation has been thrown out, it promotes their absorption or removal.

In some cases there is a persistently dry skin and dry cough. Jaborandi or asclepias tuberosa will correct these conditions. When the acute symptoms have abated, and the tongue is moist and cleaning, the skin moist and the temperature below 100° F., quinine in small doses may be given, and at *no other time*. This remedy is an admirable restorative tonic and if hepatization persists, two grains of bisulphate of quinine and one-fourth of a grain of ipecac in a capsule, will meet all the indications present, at once. This will overcome hepatization, arouse the nervous system, and stimulate the stomach and intestinal glands. With the treatment above prescribed, there is very seldom a crisis in this disease.

As applications to the chest, heat is the first and most important; with this we use Lloyd's libradol, which is a plastic dressing containing lobelia and tobacco. Antiphlogistine or other plastic dressing persisted in is of great service. It should be applied hot and kept hot. The chest should not be exposed and when no other dressing is applied a cotton jacket should be worn. I am aware that this is a hasty consideration of this important disease, but it embodies the main features and confirms the statements of Drs. Abbott and Waugh, which are important indeed and should have general adoption.

I do not need alcoholics in my treatment and have never used them. I do not see the necessity for intestinal antiseptics except when the patient has been overfed and where there is hyperacidity and fermentation. For cough in the



There is no direct relation between albumin intake and uric excretion; meat has little nuclein but meat increases uric excretion.

New York courts have decided that Duffy's malt whisky is a liquor and not a medicine, and subject to tax, like other whisky.

defervescent period, minute doses of lobelia or muriate of ammonium will suffice, in syrup of wild cherry. As a final restorative tonic I sometimes add a grain of berberine and one-fourth of a grain of nux vomica to each of the quinine and ipecac capsules.

The air of the room should be kept filled with moisture and at a temperature of from 72° to 74° F.

These principles have been fully confirmed for fifty years, and are now practised by a large number of active practitioners. It is a small proportion of the profession indeed, that believes that a mortality of more than eight or ten per cent should prevail, and a much smaller proportion that believes that the disease is not influenced by medicine.

FINLEY ELLINGWOOD.

Chicago, Ill.



SOME PLACES WHERE ELECTRICITY WILL HELP.

In looking through the columns of the CLINIC, I am impressed with the absolute confidence that the writers have in the "arms of precision"—the alkaloidal granules. Their confidence is well placed, as the alkaloids give us accuracy in dosage and certainty in results—a real scientific basis as a guide to correct prescribing. All remedial agencies have their field of usefulness, and each in its own peculiar field, may have no peer or rival that can successfully compete with it. The alkaloids and their combinations cover a wide field of usefulness and cover it in a successful and satisfactory manner; but there are many conditions where other agencies would be a great aid as an adjunct to drug therapy and

often should become the dominant treatment.

Of the other remedial agents, electricity stands at the head. It has a definite field of usefulness and if its physical, chemical and physiological effects are properly understood and applied, it will give results that will never disappoint the user.

The writer has noticed several cases in the CLINIC to which these principles might be applied to the great advantage of the cases described. The following is a brief outline of the electrical treatment for these cases:

On page 55 of the January CLINIC we have described an interesting case of uterine hemorrhage, in a girl seventeen years of age. The reproductive organs, from the description, are evidently only partially developed. The hemorrhage in this case could have been quickly and easily controlled by positive galvanism, either by the use of a uterine cup electrode or an intrauterine electrode. The negative pole attached to an abdominal electrode is placed over the umbilicus. The most effective method is to use a pure copper intrauterine electrode. This electrode should be moved about in the uterine cavity so as to bring it in contact with every portion of the mucous surface. When a bare metal electrode, attached to the positive pole of the galvanic current, is brought into contact with a mucous surface, the chemical action set up, causes the metal to stick to the tissues. Gently moving or rotating the electrode will usually prevent this; but if sticking occurs it is necessary to reverse the direction of the current, attaching the metal electrode to the negative pole. This will soon free the electrode. Always turn the current entirely



Oklahoma courts decide that the Territorial Board has no right to require a \$30 fee from physicians, and those paying it can recover.

The aged do not bear depressants well; cathartics and emetics; and endanger their lives through the brittleness of arteries.

off before making the change of polarity or an unpleasant shock will occur.

This treatment is of great value for the following reasons: The positive pole of the galvanic current contracts blood vessels, produces an acid condition wherever it is placed and propels the liquid in the tissues toward the negative pole. For these reasons alone positive galvanism applied in this manner is a powerful hemostatic; but if applied to the uterine cavity with a pure copper electrode, some of the copper is dissolved from the electrode by the action of oxygen and chlorine formed at this pole, producing the oxychloride of copper. The oxychloride of copper being an astringent of considerable power and a splendid mucous membrane alterative, could not fail to produce gratifying results in cases of this kind.

The real treatment of this case should be directed toward the removal of the cause. The cause is the undeveloped condition of the reproductive organs. A treatment that will bring about their proper development, establishing a regular monthly cycle, will produce a permanent cure. The method of choice in this case would be either the primary faradic, or a low tension sinusoidal current.

A cotton-covered electrode is introduced into the vagina, attached to the negative pole of the primary faradic. The positive pole is applied with a large pad electrode to the lumbar region. This treatment should occupy five to eight minutes at a sitting, three times a week. If the sinusoidal current be used, apply it in the same manner, but as both electrodes have the same polarity, no attention need be paid to which cord is attached to the vaginal electrode. If

there be any objection to entering the vagina the treatment can be applied by using a sponge electrode over the uterus and ovaries on the abdomen and the other over the spinal centers of the pelvic organs. If the primary faradic is used, the negative pole is used on the abdomen. If the sinusoidal is employed, use either pole, for reasons above stated.

The case of oral ulcers of syphilitic origin (Query 4663, March) would be a good one for metallic electrolysis. The method of treatment is very simple: First, cleanse the ulcers with peroxide of hydrogen. A pure copper electrode of the proper shape to be brought into contact with the ulcerated surface is attached to the positive pole of the galvanic battery. The sponge electrode can be placed on the side or the back of the neck. A current as strong as the patient can bear with comfort is used. Quicker results are secured if the copper electrode is dipped in salt water before application.

If the surfaces are not too great, treatment should be continued on each ulcer until it assumes a greenish color, showing the deposit of salts of copper. If the surface to be treated is considerable, it is better to gradually move the electrode over the part just fast enough to prevent the metal from sticking to the ulcers. This treatment will destroy the local bacterial growth and powerfully stimulate reconstructive metabolism. Treatment should occupy from ten to fifteen minutes at a sitting every second or third day. The remedies recommended by the editor should be used as an adjunct to the above-described treatment.

The treatment advised for urethral stricture under Query 4664 is perfectly correct from the surgeon's standpoint.



Ordinary doses of antipyrin have produced great collapse and cyanosis when given to women during menstruation.—Brunton.

Women during menstruation have a tendency to react toward medicines in a different way to that shown between periods.—Brunton.

Electrolysis from the negative pole of the galvanic current would long ago have been recognized as the only scientific treatment for strictures if investigators had used the right kind of apparatus and applied it in the proper manner. A stricture to be treated successfully by electricity must be destroyed by a current strong enough to dissolve the stricture, but not strong enough to injure the normal mucous membrane on either side of the stricture location. A negative galvanic current applied to the stricture with a metal, olive-pointed urethral electrode, using at each sitting an electrode one or two French sizes larger than the stricture, employing a current strong enough to produce a comfortable warmth at the urethral electrode and using this strength current only from ten to twenty seconds, will produce results without injury. The positive sponge electrode is placed on the perineum. The idea is to use a current strong enough and long enough to produce electrolysis of the stricture, but not strong enough or long enough to injure the normal mucous membrane. The normal mucous membrane has a greater power of resistance than the stricture tissue; hence the stricture tissue will be dissolved by a current that will not injure the mucous membrane. The right kind of a galvanic battery using proper electrodes as above directed once or twice a week will soon bring about a permanent cure in cases as above described.

The medical treatment recommended for the case of indurated mammary gland, Query 4677, is above criticism, but the adjunct treatment if not the dominant treatment is the application of a saturated solution of iodide of potassium by cataphoresis. Saturate the negative

sponge electrode with the iodide of potassium solution and place it over the induration. The positive sponge thoroughly wet with the saturated solution of sodium bicarbonate can be placed in the axillary region. Treat 10 to 15 minutes, using as strong a current as the patient's skin will tolerate and not produce blisters. Repeat treatments every second day till improvement and then less often, keeping at it till all induration has passed away.

Cases of chronic or subacute rheumatic affections, similar to the case described under Query 4678 are amenable to successful treatment by cataphoresis with alkalis followed by an application of the sinusoidal current. For alkali cataphoresis the writer prefers a saturated solution of bicarbonate of soda, but some think the strong solution of Epsom salt, even without cataphoresis, of value in these cases and this remedy deserves a trial by cataphoresis, as we know by this method that the magnesium will actually enter the affected joints. In this case the hands should be placed in a basin of the alkali selected for the cataphoresis, with the positive pole of the galvanic current. The negative pole with a large pad electrode, should be applied at the nape of the neck. Treat for five or six minutes with as strong a current as the patient can take with comfort. Then apply the sinusoidal current, leaving the electrodes in the same position as for cataphoresis, and treating for the same length of time. These treatments should be repeated three times a week in subacute cases and six times a week in chronic cases, the length of time between treatments being gradually increased as the patient improves. Really surprising



From idiosyncrasy drugs may act less, more or differently, than usual; as when quinine or coaltars cause rashes and pruritus.—Brunton.

By habit one may accustom himself to morphine till 40 grains may be injected under the skin daily with impunity.—Brunton.

results have been reported by numerous observers from this class of treatment.

Most of the work of the electro-therapist should be done by the general practitioner. The cases as a rule come to him first, and if properly handled, could be cured without resort to the specialist. Doctor, do your own work, when you can. Why send all these cases to the specialist?

The writer is now engaged in the preparation of the manuscript for a text on this important subject. In this text I have two objects to accomplish: First, to describe the kind of apparatus that must be used to get results (as poor electrical apparatus is even worse than poor drugs), and second, to give the "A B C" of the subject in such a manner that all can understand, whether the reader may have previously studied the subject or not. When the principles that underlie this science are once understood—and they are not at all hard—the doctor will have at his command a never-failing guide to the correct application of electricity in the treatment of disease.

ELMER G. PAXTON.

Dillonville, Ohio.



SANITARY AND MEDICAL WORK IN THE JAPANESE ARMY.

The number of *The Outlook* for Jan. 21 contains an article under this title, by Major Louis L. Seaman, a medical officer of our own army who has seen service in Cuba, the Philippines and China. Dr. Seaman had abundant opportunity to study Japanese methods on the field, both before and after the war, and his observations have been collected in a book which he has recently published—*Banzai Nippon*.



Disease may induce toleration of drugs like habit; in pneumonia huge doses of antimony, and in peritonitis of opium, are tolerated.

The marvelous success of the medical branch of the Japanese army is due, as Dr. Seaman points out, to the careful preparation for this war which had been under process for years, also to the attention given by their medical officers to the most minute details, details which our Anglo-Saxon energy too often fails to consider as "worth the bother." Before the war Japan had established the best-equipped Red Cross hospital system in the world, with more than 1,200,000 members; she had hospital ships perfect in every detail; the storerooms of the society were provided with an abundance of surgical and medical materials of every description; the hospitals were ready for patients and the nurses were trained; her students had made special studies of the diseases likely to be encountered during this war and had perfected serum and other methods of treating them; the diet list was gone over and arranged with a special view to eliminating beri-beri and other diseases which had heretofore decimated their armies—so successfully that beri-beri had entirely disappeared from the navy; improved methods of caring for wounds on the field were devised in order to secure absolute asepsis, or as nearly that as possible. Let Dr. Seaman tell the result of this condition of preparedness:

Japan made the Medical Department of her army of equal importance with that of the strictly fighting branch, and ranked its officers accordingly. The prevailing idea, as soon as hostilities began, was to prevent disease. The Japanese are the first to recognize the true value of an armymedical corps. Care of the sick and wounded consumes but a small part of their time. The solution of the greater problem, preserving the health and fighting value of the army in the field, by preventing disease, by careful supervision

Men taking active exercise may take larger quantities of drugs—alcohol—with impunity, than when at rest?—Brunton.

of the smallest details of subsisting, clothing, and sheltering the units, is their first and most important duty. The capacity of Japan's medical men for detail is something phenomenal; nothing seems too small to escape their vigilance, or too tedious to weary their patience; and everywhere—in the field with scouts, or in the base hospitals at home—the one great prevailing idea is the prevention of disease. They appreciate the sentiment of Milton in "Samson Agonistes," when he says:

"What boots it at one gate to make defense,

And at another to let in the foe?"

The medical officer is omnipresent. You will find him in countless places where in an American or British army he has no place. He is as much in the front as in the rear. He is with the first screen of scouts with his microscope and chemicals, testing and labeling wells so that the army to follow shall drink no contaminated water. When the scouts reach a town, he immediately institutes a thorough examination of its sanitary condition, and if contagion or infection is found, he quarantines and places a guard around the dangerous district. Notices are posted so that the approaching column is warned, and no soldiers are billeted where danger exists.

Microscopic blood tests are made in all fever cases, and bacteriological experts, fully equipped, form part of the staff of every Divisional Headquarters. The medical officer also accompanies foraging parties, and, with the commissariat officers, samples the food, fruit, and vegetables sold by the natives along the line of march, long before the arrival of the army. If the food is tainted or the fruit overripe, or the water requires boiling, notice is posted to that effect; and such is the respect and discipline of every soldier, from commanding officer to the file in the ranks, that obedience to the order is absolute.

The medical officer is also found in camp, lecturing the men on sanitation and the hundred and one details of per-

sonal hygiene—how to cook and to eat, when not to drink or to bathe—even to the paring and cleaning of the fingernails to prevent danger from bacteria. Long before the outbreak of hostilities he was with the advance agents of the army, testing provisions that were being collected for troops that were to follow; and, as a consequence of all these precautions, he is *not* now found treating thousands of cases of intestinal diseases, and other contagion and fevers that follow improper subsistence and neglected sanitation—diseases that have brought more campaigns to disastrous terminations than the strategies of opposing generals or the bullets of their followers.

It is much too early to submit statistical proof, but from careful observation I venture to predict that the records of the Japanese hospitals will show a large reduction in the percentage of mortality from casualties, especially in penetrating wounds of the skull, chest and abdomen, and injuries to osseous structures—indeed, of every variety of wounds, except perhaps those of the spinal cord, when compared with the statistics of former wars. Up to August 1, 9,862 cases had been received at the Reserve Hospital at Hiroshima; of these 6,636 were wounded. Of the entire number, up to that time, only 34 had died.

To July 20, the hospital ship Hakuai Maru alone, in her seven trips, brought 2,406 casualties from the front without losing a single case in transit. Up to July 1, 1,105 wounded—a large proportion of whom were stretcher cases—were received as the hospitals in Tokyo; none died, and all but one presented favorable prognoses. It is upon this and much additional ocular evidence that cannot be here tabulated that the prediction is based.

But it is in that far more terrible and pathetic class of losses, the needless sacrifice of four hundred lives to preventable disease for one hundred who die legitimately, that the most astounding reduction will be shown. If the testimony of those conversant with the facts



Fever increases the toleration of alcohol, far above what can be taken during health, without intoxication.—Brunton.

High temperature seems to destroy the action of digitalis upon the vagus center, through which it slows the pulse.—Brunton.

can be accepted, supplemented by my own limited observations, the loss from preventable disease in the first six months of this terrible conflict will be but a fraction of one per cent. This, too, in a country notoriously unsanitary. Compare this with the fearful losses of the British from preventable disease in South Africa—or, worse, with our own losses in the Spanish-American war, where, in a campaign the actual hostilities of which lasted six weeks, the mortality from bullets and wounds was 268, while that from disease reached the appalling number of 3,862, or about 14 to 1.

Regardless of the outcome of the present terrible war, history will never again furnish a more convincing demonstration of the benefit of a medical, sanitary and commissary department thoroughly organized, equipped and empowered to overcome the silent foe.

Every death from preventable disease is an insult to the intelligence of the age. When it occurs in an army, where the units are compelled to submit to discipline, it becomes a governmental crime. Witness the French campaign in Madagascar in 1894, where, of the 15,000 men sent to the front, 29 were killed in action, and over 7,000 died *en route* to and from the scene, from preventable causes.

The Japanese do their killing, but they do it differently. They, too, have their tragedies, but they are legitimate tragedies of grim war. By the methods I have faintly described, their recognition of the importance of preventive medicine and sanitary and commissariat supervision, they have doubled the fighting efficiency of their army, and reduced to a minimum the loss from preventable disease.



A "PROBLEM" POEM.

Recently while treating a young lady friend of mine for a minor ailment, I loaned her a copy of the CLINIC, calling attention to a certain article in it to show that I had a precedent, and an authority,



Opium and mercury may overact in kidney disease, but you must not push this rule too far. Calculate the risks.—Brunton.

"backing" as it were, for the course of treatment I was pursuing in her case. I guess she read everything in it. She honored me by declaring it quite interesting, but painfully lacking in one particular, it had no "Problem Poem" in it. In fact, from cover to cover, it had no poetry at all. I stood stoutly up for my profession, told her that doctors having a good many other problems to contend with, had simply overlooked the problem poem business, and that any medical gentleman could write a problem poem in fifteen minutes by the watch and without taking his overcoat off. Having cunningly extracted the information that a problem poem is simply a poem that makes you feel inexpressibly sad and that no mortal on earth can make head or tail of, I respectfully submit the following gem. Formula furnished the profession, Free, Gratis, For nothing. Please enclose stamps.

Bide, oh bide, the old-time story.
Watch the climb of the morning glory.
A moral tale is quickly wended.
Can you tell to what it tended?

Far beyond the tangled tarn,
Lies the raveled hank of yarn.
Up beyond the moony mountain
N'er will you find the sporting fountain.

Though all is naught, yet still can bliss
Be freely got from what you miss.
Lank-eyed thought, you still may plunder
Whil'st you list to the rolling thunder.

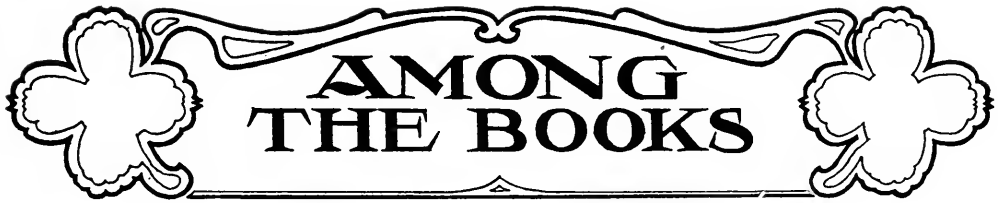
Time flits on with sullen jog
Geared on rollers, made of log.
Yet down corn, can still be gathered
By birds whose motto is, well feathered.

Careless reader, watch thy gleaming
Lest perchance you catch my meaning.
On thy plate left lorn and lone
Thy last sad chance, a bare wish bone.

L. THOMPSON CLASON.

Urbana, Ohio.

Albuminuria from chronic nephritis causes risk in using mercury when in that of heart disease it is safe.—Brunton.



AMONG THE BOOKS

Abdominal Surgery, Gynecology and Obstetrics is the name of a new Chicago magazine to be devoted to abdominal and pelvic surgery of men and women, gynecology and obstetrics. The first number is to appear about the first of July. The managing editor of this journal will be Dr. Franklin H. Martin and he will be assisted by a distinguished staff which includes the names of Drs. John B. Murphy, E. W. Andrews, F. A. Besley, J. C. Webster, E. C. Dudley, J. C. Hollister, Rudolph Holmes, C. S. Bacon and W. R. Cubbins. Among the list of collaborators we find the names of the most eminent surgeons, gynecologists and obstetricians of this and other cities.

There is most certainly a place for a journal of this kind in Chicago. The field is constantly growing and increasing in importance and interest. We feel a personal pride in the achievements and standing of our local surgeons; they are at the least equal to any in the world, and some of us think there are none *quite* so good elsewhere. It is time that they had an organ which will fitly represent the growing interest in these important branches and put into the subject a little of the Chicago vim which has made it the center of medical interests of many kinds. Dr. Martin is an experienced medical journalist and it goes without saying that the magazine will be thoroughly alive. We are happy to give it our endorsement and urge any readers of the CLINIC who are interested especially in these branches to send in their subscriptions at once.

The journal will be sent for \$5.00 a year. Address Dr. Franklin H. Martin, 103 State St., Chicago.

The Miracle of Life, by J. H. Kellogg, Good Health Publishing Company, Battle Creek, Michigan, 1904, \$1.50. Of course this is Dr. Kellogg for there are no other Kelloggs in the world who could write so learnedly both on things in which we perfectly agree with him, and again on things in which he will be in the respectable minority, but without the God of the Bible on his side.

The first one hundred pages of the book contain an excellent popularized sketch of what we scientifically know of the bodily life and maintenance. But from this point on to the end of the book, page 574, Dr. Kellogg is a sectarian and partisan vegetarian, and anti-medicine scientist. He certainly uses the best arguments that the one-sided vegetarian extremists can produce, but they will convince only those who need no further conviction, viz., the sectarian vegetarian. For a broad-minded scientist this book is of use as a compendium of vegetarianism and anti-medicine, and pro all other treatments with a well-tinged aspect of the commercialism of these ideas.

For one thing Dr. Kellogg deserves severe censure, viz., for perverting the Bible to his sectarian notions. A book which has the permission of animal food as "the grass of the field;" which says "eat flesh with all the desire of thy appetite," which says "go eat fat things, and drink sweet things;" which has the parable of the prodigal son and the

"fatted calf," is surely not vegetarian in its teaching. Again the Doctor, assuming animal diet as a defilement, quotes the hackneyed argument of the body (inclusive of genitalia, uropoietic, and procttic organs and functions) being the "Temple of God" which must not be defiled, drawn from I. Cor. 3:16, II. Cor. 6:16. This is a gross partisan perversion, for Paul does not speak of the individual human body, but of the body of the members of the church at Corinth, and perhaps of the universal church. On the whole we shall have to declare that Dr. Kellogg is not a Bible expert. Dr. K. indulges in the "nature method," which is much overdone. Nature is merciless. God is merciful. Extremists like Dr. K. have the good of pointing the impartial mind to the good "middle way." And for this and the other good and acceptable things in this book we who are not sectarians commend it to the thousands of our readers who are like us.

The Atlas and Epitome of General Pathological Histology, by Dr. Duerck, of Munich, and edited by Dr. Ludwig Hektoen, of Chicago, which is before us, prompts the question: What percentage of the thousands of readers of the CLINIC, or of any other medical journal, have had the opportunity of examining for themselves, microscopically and chemically, any pathological tissue the disease of which he happens to treat at any time? And even they who did not neglect this part of the curriculum, do they remember all they have seen? Need they, too, not a reminder? And yet all of us read every day of this, that and the other pathologic process of cell, fiber, blood and lymph in this, that or the other tis-

sue or organ, and are urged to and do follow a certain treatment according to those processes. Have we a sufficiently vivid picture of the pathological condition of things which we desire to correct? Where can we get it? Just in such a book with just such instructive illustrations as the one before us. To be sure if you are a mere routinist, or ready to try anything on the supposition of anything you read, you need not this, or much of any other book, and only an alloy of copper and tin well polished. But if the reverse, and a fatiguer of the gray cortical, and honest and searching, then you need this Atlas and Epitome. You may not agree with all there is told in it, but so much the more you need it to see what the masters have to say. We are greatly pleased with the work and recommend it heartily. The book is one of Saunders' Medical Hand Atlases. 1904. \$5.00.

The monograph, *Pneumonia and Pneumococcus Inspection*, by Prof. R. B. Preble, of Northwestern University, is a very useful resumé of the subject. It has tables or statistical charts with reference to various conditions and processes of the disease, and of its mortality, which we esteem very highly. The treatment also, the professor, recommends betokens an unroutine, unhampered therapeutist. It makes us wish that Professor Preble would examine the claims which alkalometry makes of its superior success in this disease and in others. A man who can commend venesection and alcoholics in certain contingencies, and that as professor in the Northwestern School. Shades of Dr. Davis! For such a man we take off our cap.

We miss greatly an index to this work,

Alcohol is well borne when vital force is low, as in early morning; keep rooms warm and patient stimulated then.—Brunton.

Drug action is the reaction between drug and organism; morphine is oxidized, perhaps into apomorphine.—Brunton.

which would facilitate reference to it on many points in practice, as this monograph abundantly deserves. The table of contents, though large, is not enough. Publishers: Lloyd J. Head & Co., 1905,

Personal Hygiene, by American Authors, edited by Dr. W. L. Pyle, was first published in 1900, and is now in a second and revised and enlarged edition.

The book is not too high for a graduate from a college, or a good correspondence school. It is a good book for a physician, too, to prepare him with proper answers for the many questions in hygiene that the people of his clientele are apt to put to him. There are many points in this book of an everyday nature in hygiene which are not taken up in our medical curriculum, and yet on which the physician ought not to be tripped. The appendix to the book contains information on first helps and nursing which the physician will be glad his clientele may possess. It is in every way a very useful, popular work upon a most important scientific subject. Published by Saunders & Co., 1904. \$1.00.

Questions in Physiology and Hygiene, in Lea Bros. & Co.'s State Board Examination Series, \$1.00, will prove a great time and brain saver for any one who is concerned in that supreme trial of his life.

The late Dr. Beard's *Practical Treatise on Nervous Exhaustion* (Neurasthenia) is now in the fifth edition, edited and enlarged by Dr. A. D. Rockwell, with notes and additions.

This disease was first recognized by the author, and his remarks at this day

are even yet most valuable. We were glad to see how early the late-lamented doctor recognized the value of strychnine, the alkalometric war horse, as the French dosimetrists call it, and its proper administration as we say, "till effect." We are highly pleased with the work before us and recommend it unhesitatingly to our readers.

Doctor Rockwell's chapter on the Neuron theory is very timely. But the reader must remember that theory is a temporary crutch, and is never to be accepted for a leg. On page 53, we suggest "astraphobia," instead of "astraphobia," which means "fear of stars," and on page 60 we suggest "monochophobia," instead of "monophobia," which means "fears alone."

The book is most excellently printed and bound by E. B. Treat & Co., New York, 1905. \$2.00.

The Manual of Operative Surgery, by J. J. Binnie, A. M., C. M. (Aberdeen), omits the subject of amputations and ligations and also much that relates to rectal and genito-urinary surgery, and to the bones and joints. It has fine articles on the Head and Neck, Thorax, Abdomen, Genito-Urinary System, Extremities, Spine and some topics connected with operations. The articles on plastic operations deserve careful study and imitation. An excellent book. Published by P. Blakiston's Son & Co.

If ever we said of an *International Clinic's* quarterly that it was an "extra fine" number, we should of this number, Vol. IV. of the fourteenth series, 1905. We cannot do better by it than give the mere names of the subject treated in it,

Phenol carries out sulphates with it; when exhausted poisoning begins; test urine with BaCl, while giving phenol.—Brunton.

Rawlins (*Memphis Med. Monthly*) says that the negro is an important factor in spreading consumption in the South.

to show they touch upon the topics that are now uppermost in the minds of living progressive physicians.

Medicinal Intoxication (overdrug-ging), Dechloridation Treatment (withdrawing salt), Radium in Lupus, etc., Patients in Severest Accidents, Polycythemia, Pathologic and Etiologic Diagnosis in Various Arthritides, Gout in the U. S., Albumosuria, Differential Diagnosis in Liver Enlargement, Functional Heart Murmurs, Lateral Curvature of the Spine, Lineal Osteotomy in Ankylosis, Tubercular Spondylitis and Coxitis, Nerve Anastomosis, Operative Treatment for Constipation. (An intensely interesting article, but we could not repress the desire that it should be translated into better English), Gastric Surgery, Glendar's Disease (enteroptosis), Post-Climacteric Hemorrhage, Neurology, Pathology of Infectious Disease and Amebic Infection of Liver and Intestines. Lipincott Company, \$2.00, only!

A surgical operation upon, or prescribing medicine for a patient is not all the patient needs. To restore the patient to health, nursing into health is needed, careful, intelligent, trained and assiduous nursing. Let this suffice to introduce and highly recommend the special work on *Eye, Ear, Nose and Throat Nursing*, by Dr. A. E. Davis and B. Douglass. Publishers: F. A. Davis Co., 1905. \$1.25. Not only the nurse, who in large cities may make this nursing a beneficent and profitable specialty, but each specialist of these diseases will find more or less benefit in its perusal.

Static Electricity and the Use of the Roentgen Ray, is published by A. L. Chatterton, New York, 1904. \$3.00.

Stanley believes that the telephone is a prevalent means for the dissemination of germ disease.—*Memphis Med. Monthly*.

This is a work by Prof. W. B. Snow, who is at the head of this department in the New York School of Physical Therapeutics. The book, in the present third edition, is filling the place it has created for itself in the profession. The writer of this was once a member of the professor's school and knows how to appreciate and recommend the teachings of this work. It is calculated for both specialist and general practitioner, the latter of whom will be grateful for the elucidation of points which are frequently more or less obscure in this branch of therapeutics. We quoted the title as we see it on the back of the book, and we prefer it to the one on the title page.

Diet in Health and Disease, by Dr. J. Fraedenwald and J. Ruhraeh, is a valuable addition to the accumulating books on diet. It occupies an unusually wide range of the subject. It is encouraging that there is a demand for such books. We would urge upon practitioners to consult this volume for every patient in their treatment. Publishers: W. B. Saunders & Co., 1904. Price \$4.00.

There are a few corrections to be suggested for the next edition. On page 53, end of paragraph two, the reader should be referred to Leviticus, chapter eleven, as to what the Jewish dietary really is, not merely "a restriction of ham, pork and oysters." Page 88, "Pompernickel," should be corrected, that it is made of whole rye not "wheat." Page 108—In direction how to make an emulsion of sweet almonds, the average physician, who is usually not much of a cook, should be informed that the skin of the almonds must be removed by scalding, before they are ground.

Leick (*Deutsch. Med. Woch.*) reports a severe traumatic case of diabetes insipidus successfully treated with strychnine.

CONDENSED QUERIES ANSWERED

PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

ANSWERS TO QUERIES.

ANSWER TO QUERY 4609:—I venture to suggest to A. F. B., Illinois, relative to his Query 4609, February CLINIC, a very simple remedy for a very formidable malady, namely, "sciatica." After returning home from an absence of nearly two years, I found one of my erstwhile patients suffering intensely from sciatica. He was an elderly gentleman fairly well nourished and had been confined to bed about a month. As soon as he learned that I had arrived home he sent for me, as I had always been the family physician. I found him worn out with pain and moaning pitifully, though somewhat under the influence of morphine. He had been in charge of several physicians of the city and I had long known them, and knew them to be unusually competent and that they would not be likely to overlook any remedy that had ever been used or discovered for sciatica or any of its congeners, and therefore it was of no use for me to explore the field that they had probably most carefully examined. As I sat by his bed looking into space and wondering what I best do, as no doubt most everything in the world had been tried, there came into my mind a graphic definition of sciatica that many years ago I had read or heard, viz.: "Sciatica is the cry of a nerve for blood." Then I remembered reading somewhere that the common tincture of iron was used fifty or more years ago for sciatica and, surely, I said to myself, those learned doctors who have had charge of this case would never think of this poor little medicine that has long since gone into a condition of "innocuous desuetude," and in this instance I am going to use it. I therefore prescribed the muriated tincture of iron,

ten drops in a little water after each meal, and ordered that it should be increased one drop each dose after three days till the stomach could no longer tolerate it. Pain entirely ceased in three or four days after he began and in ten days he was as usual in his office, and from that day to this he has had no reminder of his dreaded enemy, and that was five years ago. I am most afraid to tell how large were the doses before his stomach finally rebelled. Well, it was more than forty drops! I have drawn this story out because it is interesting, at least it was to me. I have since found that the tincture of iron is a great remedy in sciatica, especially where the patient is anemic and there is a good stomach.

A. S. C., Utah.

ANSWER TO QUERY 4609:—While Dr. A. F. B.'s patient, age 78, may preclude the possibility of cure on account of general debility and lack of response to any treatment, yet I would like to give him the treatment that I find successful in sciatica. I recently had a very severe case which responded at once to the following: For acute exacerbations of pain bryonin, gr. 1-67 every fifteen minutes to one-half hour till relieved, then every hour. One granule of colchicine every two hours until looseness of the bowels, and then every four hours in conjunction with lithium benzo-salicylate, macrotin and acetanilid compound (with caffeine) every four hours. A dose of calomel, followed with saline, should be given every few days to help elimination. As a local application I find the following very useful. Chloroform, tr. aconite and oil of wintergreen equal parts rubbed

well in along the course of the nerves. Don't forget that when you have sharp, shooting, deep-seated pain, *aggravated by motion and relieved by rest* that bryonin is the remedy. *Don't use morphine.*

W. A. LEONARD, Shushan, N. Y.

ANSWER TO QUERY 4635:—Put one quart of wheat bran into a muslin sack; put that into two gallons of water and let it steep two or three hours. Bathe the parts thoroughly with this water in the morning and at bedtime dry the parts lightly; anoint with carron oil, then dust freely with powdered boric acid.

ANSWER TO QUERY 4639:—Use the above treatment and give internally one

teaspoonful of tincture of valerian four times a day in water.

ANSWER TO QUERY 4642:—Why not give a little chloroform, pull down the pile with a tenaculum, put a strong ligature around the pedicle and clip it off. That's the way I have done.

ANSWER TO QUERY 4652:—I always give equal parts of paregoric and peppermint water, direct one teaspoonful of medicine to six of water and two of sugar and feed it to baby when he is crying, until he becomes good natured.

When the above cases are cured by these simple old-fashioned plans of treatment, please report to

H. W. SIGEWORTH, Anamosa, Ia.



QUERIES.

QUERY 4684:—"Abscess of Lung Following Pneumonia." I have sent sputum of W. J. P., who was taken with pneumonia six weeks ago. Fever has not terminated; one week ago he expectorated four ounces of this material inside of one hour, in two days another four ounces and at intervals of a day or two smaller quantities. Please examine; I would like to know whether it comes from abscess cavity and what bacilli it contains. We have had one attack of heart failure, pulse absent at wrist. I am giving hypodermically 1-40 grain strychnine nitrate every four hours. Five minims guaiacol carbonate every six hours. Malted milk, beef tea and liquid peptonoids. Pulse 105; temperature 100° to 100½° F. Respiration 30. Scarcely any respiratory murmur in two lower lobes of right lung. Emaciated and very weak. Age 58, male. I use saline and enemas to move bowels. Tongue quite clean at present, but stomach has been weak for years and cannot stand toast or eggs at present. Has chewed broiled steak, swallowed juice, and spit out residue for past few days.

J. R. T., South Dakota.

Staphylococci, diplococci and pus cells are present. Tubercle bacilli are absent. You undoubtedly have an abscess cavity to deal with. Give this man nuclein in large doses (or hypodermically) twice a day. Calcium iodized and calcium sulphide alternately every hour; one-third of a grain of calcium sulphide and two granules of calcium iodized three times a day; echinacea ten minims of the specific tincture; cactin, two granules, strychnine, gr. 1-67, every three hours and keep the room constantly filled with the vapor from sanatas oil or eucalyptol. A tin cup half filled with boiling water placed on an alcohol stove or over a gas jet in which ten to twenty minims of the oil has been poured will afford sufficient vapor. You will find beef juice or bovine better than beef tea. Give a dram of freshly-expressed beef juice or an even quantity of bovine six times daily. I would try to locate that abscess and if it is possible aspirate. Look out for emphysema.—Ed.



Leick, in this case of diabetes insipidus, commenced with gr. 1-24 of strychnine daily and increased to tolerance.

South Carolina contemplates action against the "patents." Those containing much alcohol are to be taxed as intoxicants.

QUERY 4685:—"Interstitial Nephritis." I send you sample of urine for analysis. This is from a man 70 years of age. The bleeding is of about two weeks' duration. I did not see the patient until today and found the following condition: Blood in almost every urination, soreness over the region of both kidneys. On pressure this extends through to pelvic region. Appetite good, bowels regular, no swelling of face or eyes or feet or legs. Able to be around. Does not feel sick. Pulse 54; temperature 96. Somewhat dizzy. Becoming weak.

S. E. A., Pennsylvania.

The report of our pathologist shows there is every sign of renal disease—probably interstitial nephritis. Let us suggest the following treatment: Salines freely; glonoin one every three hours; the arsenates of iron, quinine and strychnine after meals with three of the sulphur compound; nuclein six drops; collinsonin one to two granules and barosmin three with a glass of barley water four times daily. The additional collinsonin is necessary in such cases, the small amount present in the sulphur compound granule being inadequate. Milk, lean meat, fish and fruit diet.

Have several analyses of urine made at intervals of a week or ten days. The dosimetric trinity, two morning, noon and night, may be added to the above with advantage in this case, the age of the patient making this medication necessary, as the circulation is always unequal.—Ed.



QUERY 4686:—"Aconitine Dosage." I wish to have a little information on the dose of aconitine. It is labeled 1-134 grain. Our text-book tells us that the dose of aconitine is from 1-1000 to 1-250 grain. Will you kindly explain this for me?

O. A. K., Iowa.



You will find the dosage of the various aconitines fully considered in the volume of *Alkaloidal Therapeutics*. The text-books gave you the dose of crystallized aconitine correctly, but the difficulty of obtaining the preparation in a state of purity and uniformity and the tremendous consequences of overdoses, when the regular dose is so small, compel us to employ the amorphous aconitine, which is obtainable in the utmost purity and uniformity of strength.

Aconitine *crystallized* (Merck) is given in doses of 1-1000 to 1-250 of a grain. Aconitine *amorphous* is, however, exhibited in larger doses. One granule (gr. 1-134) may be given every fifteen, thirty or sixty minutes until perspiration is induced and the fever checked or until the physiological effects of the drug become apparent. Aconitine *amorphous* is perfectly safe if given in the doses recommended and under the proper conditions. For a child under twelve "one granule for each year of the child's age and one for the glass" should be dissolved in twenty-four teaspoonfuls of water and a teaspoonful given every fifteen, thirty or sixty minutes to effect. On no account, Doctor, confuse aconitine crystallized and aconitine amorphous—one is five times as strong as the other. Very few people use the crystallized; in fact, the whole misunderstanding relative to aconitine is due to the confusion between amorphous and crystallized aconitine.—Ed.



QUERY 4687:—"Menstrual Disturbance (Climacteric)." Married lady, 47 years of age; for the past five years her menstrual flow has been more or less irregular, scanty and profuse; much severe lumbar and sacral pain, weakness;

It is in the highest degree unethical to take any pecuniary advantage of a patient in distress.—N. Y. *Herald*.

It is to the glory of the medical profession that it is in the highest sense a humanitarian and Samaritan calling.—*Herald*.

no cachexia, family history of or appearance of cancer. She has had three children; youngest if living would be about twelve years of age. Now this may be a very meager history, but would you recommend Buckley's uterine tonic or picrotoxin, or both, or neither, and how would you give it? It may be of interest to you to know that I have checked one case of vomiting of pregnancy with calcidin.

L. C. D., New York.

Buckley's uterine tonic is of value in cases of severe spasmodic pain, but if there is much irritability, with a tendency to plethora, we prefer a combination known to us here as the uterine sedative, which consists of cicutine hydrobromate, anemonin and gelseminine, one granule of each every half hour to two hours, as may be needed. In the intervals a most useful remedy is macrotin, three or more granules before meals and on going to bed. It is absolutely necessary to keep the bowels free and prevent autotoxemia.—Ed.



QUERY 4688:—"Calomel and the Sulphocarbolates." Is calomel incompatible with sulphocarbolates? Or with calcidin and other forms of iodine? Do the sulphocarbolates deteriorate in powder form?

F. R., South Dakota.

Calomel is not incompatible with the sulphocarbolates but is one of their chief allies. Calomel and calcium iodized should not be given together, but are not incompatible. The sulphocarbolates do not deteriorate in powder unless exposed to moisture continuously.—Ed.



QUERY 4689:—"Hemophilia." I have a hemophiliac, who has been so since infancy—a boy of eleven years; not very anemic and rather small of his age. He

came near bleeding to death from extraction of a tooth. (This was a year or two ago.) Seems to be better or gradually getting better, and it may be a case that can be set right yet. At times he will have blue spots about the ankle and knee. He bleeds from the slightest abrasion. Fairly good appetite, very nervous and *excitable*; sleep restless. The heart beats very rapidly at times, or rather fast, then sudden slowing, not a miss, but sudden changes from fast to slow, and *vice versa*. I have had no experience *with the alkaloids* in such a case, but they serve me well in everything else. Will you please give me the best alkaloidal treatment and score another victory for the alkaloids?

R. A. P., Kentucky.

The writer has found that a weak cocaine solution will stop the bleeding in a hemophiliac when nothing else will. Take a 1-1000 solution of adrenalin chloride, and a three to five per cent cocaine solution and mix equal parts. Internally let him take hamamelin and hydrastin, one each every four hours, together with triple arsenates and nuclein—the latter after meals. Calcium lactophosphate is also indicated—two granules three times a day. Calcium chloride has been recommended but has never given us results. The prognosis is not very favorable for complete recovery. One-half the cases die before the eighth year and less than one-eighth reach twenty-one. Give gelatinous foods and attend to every hygienic point.—Ed.



QUERY 4690:—"Traumatic Paraplegia?" A soldier of the Spanish-American war, a cornet player, claimed to have been struck with a knife or other hard object one evening during his service. Slight scars are visible. About two years ago he began to have facial paralysis with ptosis of eyelids. For the last year his condition has progressed to a



Science and Christianity go hand in hand in their respective ministrations to body and soul.
—N. Y. Herald.

To restrict the benefits of medicine for the sake of personal greed is to deny humanity of its greatest boon.—N. Y. Herald.

partial paralysis of arms, limbs and face until he is unable to use his arms and cannot climb stairs very well. Although formerly a drinking man he still was not given to excesses; he does not use tobacco; no history of a specific disease. Appetite and digestion and elimination good, nourished well, but is anemic; no kidney disease. I used hot-air treatment a few times, also central galvanization as well as local galvanic and faradic current.

A. C., Wisconsin.

Our suggestions for this particular case are strychnine and phosphorus followed by lecithin. Also morning and night, first and last thing, two of the dosimetric trinity granules and six avenin with two ounces of water as hot as it is possible to swallow. Nuclein should be taken on an empty stomach three times a day. Give light and easily-digested food, all the fresh air possible, and keep the bowels freely open with saline. Galvanism to the spine may prove of service.—Ed.



QUERY 4691:—"Herpes Labialis." "Work on Staining Specimens." Please answer the following queries in the next number of your journal and oblige:

1. Mrs. K., age about 30 years, enjoys the best of health. Is troubled with what she calls "fever blisters" regularly every month at time of menstruation. At times they appear before the flow; at other times afterward. Says she has noticed them since puberty. They first appear as bright red papules, one to three in number, on the lips or nose (usually under lip) and in four or five days they begin to scale and disappear. She is in society a great deal and is anxious to get rid of them, but I can't give her any encouragement. Please let me hear from you.

2. What is the best book that fully explains the technic of staining for the different germs, including preparation

of the stains? Also the technic of examination of the different secretions and excretions by the microscope. Will one book contain all of the above? No work I have seen on bacteriology is what I want. Will one on microscopy fill the bill?

B. W. G., Old Mexico.

We would suggest that you have this lady's urine analyzed. In the meantime give blue mass one grain, leptandrin, gr. 1-6, podophyllin, gr. 1-6, half-hourly for four doses after seven p. m., three times weekly and a saline the next morning before breakfast in a glass of hot water and the antiscorbutic granule (calcium iodized, phytolaccin, stillingin, arsenic iodide, nuclein) between meals. After eating, a good alterative and laxative (a sulphur combination). We think the trouble will soon be allayed. Locally, should the blisters recur, apply H_2O_2 , pure. Wash off after a few moments with a boric acid solution and apply a little of the following ointment: cold cream one ounce, ichthyol one dram.

As regards the book on staining of germs, etc., you will find "Clinical Diagnosis," by Simon, published by Lea Bros. & Co., just the thing you require. French's "Medical Laboratory Methods and Tests," published by W. T. Keener & Co., Chicago, at \$1.50, also covers the field nicely.—Ed.



QUERY 4692:—"Epithelioma of Auricle." I wish your advice on the treatment of an epithelioma of the auricle, involving about one-half of that structure. What plan of treatment would you advise me to follow, amputation or local and systemic? At present I am using a paste applied to the cancerous area composed of the following drugs: Calomel, arsenous acid, resorcin, morphine, formalin, thuja and aqueous calendula; internally I am using nuclein



The greatest reward for new discoveries is the consciousness of helping our fellow men.
—N. Y. Herald.

Hartz (*Deutsch. Med. Woch.*) treated a case of pyloric stenosis with injections of thiosinamin, and effected a cure.

and strychnine arsenate. I have been reading about condurangin in conjunction with nuclein. Give me your opinion regarding its worth in this disease, preparation to use, how often it should be used, and the length of time it requires to effect a cure?

N. MacF., California.

The auricle is so easily amputated and an artificial one appended that it seems better to make a clean sweep of the diseased growth. We do not think condurangin desirable in this case. The first thing to do is to destroy the morbid tissue cells and then after removal of the debris to stimulate normal cell formation by the "applied blood treatment" and grafts. Internally strong tonic treatment—the arsenates of iron, quinine and strychnine with nuclein, echinacea, etc. The best cancer paste the writer knows of is acid arsenous, one dram, pulv. acaciæ, one dram made into a paste with water and applied. Remove the scab which forms with poultices and then begin the nutritive treatment.—Ed.



QUERY 4693:—"Double Sulphide of Calcium and Magnesium." Please let me know what double sulphide of calcium and magnesium is and where obtained?

W. C. L., Mississippi.

The double sulphide of calcium and magnesium is a compound salt originated and marketed by some individual (we forget his name) who believes in the biochemic theory. Quite recently in some of the current journals we saw an article speaking of this very preparation. Perhaps you also saw it, hence your inquiry. If you did, we suggest that you write to the author of the article in question. The sulphate of magnesium is Epsom salt as you know. Magnesium sulphite is a little less disagreeable than sodium

sulphite. Calcium sulphide is sulphuretted lime and one of the best systemic antiseptics we possess. The dose is from one-quarter to two grains.—Ed.



QUERY 4694:—"Goiter." I would like suggestions on the treatment of simple goiter. Lady of 26, good general health, no tachycardia, no tremor, no exophthalmos. Mother had one in younger days. Have used potassium iodide internally and tincture iodine externally for three months with little apparent result.

G. B., Iowa.

The function of the disabled thyroid may be supplemented by the use of calcium iodized, a tablet three times daily. Phytolaccin has a direct effect in stimulating the absorbents to remove the debris in swollen glands, and of this three granules, gr. 1-6 each, may be given also three times a day. If the heart is wavering, add cactin, a granule thrice daily, more or less as needed—just enough, not too much. The calcium iodized and phytolaccin synergize each other; and to them we may add the local application over the gland of ichthyol after painting with iodine. Benefit has been reported from the use of nuclein, ten drops daily, but we are not prepared as yet to explain this. But the bowels must be kept in proper condition, with calomel and iridin at bedtime to encourage the liver, and enough sulphocarbols to keep the stools inoffensive. Any iodine preparation applied locally may be driven in by cataphoresis; and this wonderfully shortens the duration of the tedious treatment. Ed.



QUERY 4695:—"Cystitis." I send urine for examination. Please advise me as to treatment. The patient is a boy of 16 years, large for his age. He has been



Auenbrugger discovered the value of percussion in 1761; Corvisart, Napoleon's physician, gave it to the world.

According to Mitchell, Hermann Keppler first counted the pulse; pendulum used by Galileo, watch first in 18th century.—Daland.

troubled for years with involuntary micturition. Otherwise his health is fairly good, except that he is rather pale and very dull. This is a case which has puzzled several of our physicians.

D. W. G., Arkansas.

You have a case of marked cystitis with atony of the bladder or the *sphincter vesicae*. You must wash out the bladder at least three times a week; empty the bladder first with a soft rubber catheter, then throw in with a double current catheter a pint or two of boric acid solution, one dram to the pint; empty the bladder and throw in four ounces of antinosin solution (1 to 1000), leaving this in place. Internally give a saline in hot water every morning on rising; every three hours methylene blue one capsule and cubebin two granules; three times daily arbutin one grain, these with a glass of barley water. We think this treatment will rapidly cure this boy, but the washing out of the bladder must be persisted in and every precaution taken as regards asepsis.—Ed.



QUERY 4696:—"Chronic, Rheumatism Affecting Joints." I wish to ask you about using nuclein in a case of chronic rheumatism in which the knees are stiff and somewhat tender. Can straighten them only about half. Tendons seem too short and there is creaking and crackling in the knee-joints when trying to force them out straight. The whole body was involved but with the exception of the hands being twisted out of shape the body is very free—though the neck is stiff. No fever and no pains unless in trying to straighten out the knees. The patient has regained about normal weight, menstrual period is reestablished, appetite good, bowels fair, kidneys acting regularly or normal, and the urine has cleared up of all abnormal deposits. If there is anything useful outside of nu-



Excessive or deficient mental powers are alike accused of madness. Nothing is good but mediocrity.—Pascal.

clein, please let me know, as I am anxious to give it a trial.

C. C. C., Ohio.

Use a saturated solution of epsom salt applied on compresses six to eight hours per day, then massage with warm olive oil. Give calcium and lithium carbonates three times daily with a glass of barley water and a saline in hot water before breakfast; nuclein, ten minims each day, may be absorbed from the buccal mucosa and it may be advisable to use also calcium iodized, one, and macrotin, one granule, every three hours.—Ed.



QUERY 4697:—"Epilepsy; Alopecia; Etc." I have some cases that I would like some help on if you will be good enough to advise me:

1. A case of epilepsy in a young man of sixteen, who has had periodical attacks since he was seven years old. About once a month or sometimes oftener he will fall down wherever he happens to be, with a few seconds' warning, his face becoming cyanosed and there is frothing at the mouth. Beyond a feeling of lassitude for a day or two there have been no bad effects yet and he is a bright fellow exceedingly anxious to be cured. All his functions are seemingly normal and I have failed to find any reflex cause, as elongated prepuce, etc. I have been treating him for a year and now the attacks are not oftener than every ten to twelve weeks, which is a decided improvement, but I would like, if possible, to cure him.

I have given him laxatives and sulphocarbolates at different times for intestinal disinfection and he has lost a voracious appetite, which he had at the commencement. I have excluded salt, giving him meat once daily in small quantities, and he takes about ten grains of sodium bromide at meal time. About the time the attack is looked for I keep him on the anti-epilepsy granule to physiological ef-

We never do evil so cheerfully and effectually as when we do it upon a false principle of conscience.—Pascal.

fect, and he has been taking continuously verbenin in enlarging doses until he now consumes forty-eight tablets daily. Can I expect any further improvement by increasing the dose, or would you advise a change in treatment?

2. What is the best remedy to prevent hair from falling out? A patient with a moderate amount of dandruff, but hair seems to get very oily in a few days after shampooing with resinol soap. Have used Coke dandruff cure with no beneficial effect and would be glad to know what will keep this young man's hair. He has used coal oil considerably, at first with beneficial results, but not latterly. General health first class.

3. I have several cases of goiter for which I would like the best treatment possible. Have used thyroid tablets (P. D. & Co.) representing about two grains desiccated thyroids. One four times daily and different ointments to rub in. I would like something in the form of an ointment or an application that the patient can use at home. My results have been sometimes very satisfactory, but not always.

I have used calcalith extensively, but have been somewhat disappointed in results. I usually have to give colchicine along with it, to get any effect on bowels, and the cases of lumbago and uric acid diathesis that I have used it on have not seemed to respond readily.

I have used the alkaloids now for five years and am delighted with the action of many of the remedies, but not with them, perhaps because I have not used them properly. Still I am always learning something new about them and expect to get a great deal of help from your new work.

A. B., Ontario.

1. It is absolutely impossible to treat a case of epilepsy with proper understanding unless one is aware of the cause. Have you examined this case thoroughly—especially looking for constricted *sphincter ani*; is he a masturbator; has he worms, ocular defects, adenoids, nasal

spurs or digestive disturbances? If any of these are present correct them and in the meantime give together calomel, podophyllin and iridin, of each 1-6 grain half-hourly for four doses three times weekly. Give the first dose at seven p. m., saline a heaping teaspoonful in a half pint of hot water the next morning. Every three hours give verbenin, two granules, scutellarin, four, cypripedin, four, and glonoin one. Before each meal give two digestive granules (strychnine arsenate, gr. 1-134; quassin, gr. 1-12; papain, gr. 1-3) and after eating immediately four of the sulphur compound (see page 431). Follow an hour later with five grains of the mixed sulphocarbolates. This is about the best general treatment we can give without examination of the patient, and it has proved helpful in many cases. You are giving altogether too much verbenin, and the dose we suggest in combination with the other granules will be infinitely more useful. Cut out the sodium bromide.

2. The best means to prevent hair from falling out in a case of the kind you describe is to apply freely to the head at bedtime, after thorough washing with a hot boric acid solution, the following prescription: Pilocarpine hydrochlorate, 30 grains; quinine hydrochlorate, one dram; lanolin, one ounce; petrolatum, one ounce. Another excellent application—if a wash is preferred—is the following: Tincture of cantharides, two drams; resorcin, two drams; glycerin, one ounce; rose water, to make eight ounces. Rub in the scalp night and morning.

3. As regards goiter, we have had good results from the application of the following ointment: Ichthyol, one dram; iodine, one-half dram; lanolin, one-half ounce; vaselin, one-half ounce. Give in-



Study antecedents of the man whose care you confine all you hold most dear in life; your life, the lives of wife or child.—Rhazes.

Not all who seem to fail have failed indeed; Not all who fail have therefore worked in vain; For all our acts to many issues lead.

ternally phytolaccin two to three granules; chimaphyllin, two; xanthoxylin, two, four times daily, and use a good preparation of thyroids—thyroidin being a good one,—three times a day. Potassium iodide (a saturated solution) “driven in” by cataphoric action, is most effective and can be combined with the above treatment.

As regards calcalith (calcium and lithium carbonates with colchicine) it is necessary to know how to use this preparation. We frequently order colchicine in conjunction with it. It is not a purgative *per se*, though it acts as a laxative in most cases. A saline should always be given in conjunction with it and after two or three weeks’ use it should be stopped and hepatic stimulants and eliminants used for a week or ten days, then the calcalith should be resumed. In this way the best results are obtained. Of course we all have to keep learning, but when a man knows how to handle his remedy thoroughly the “results will tell.”—Ed.



QUERY 4698:—“Dosage of Triple Arsenates.” What is the largest safe dose of the triple arsenates with nuclein?

A. S. K., Kansas.

The largest dose that could be taken with safety of the triple arsenates with nuclein varies within a large range, and is governed entirely by the tolerance of the patient for strychnine. Each tablet contains 1-134 of a grain of strychnine arsenate; 1-16 of a grain is supposed to be the maximum dose for an adult, but larger doses have been taken without serious results following; 1-8 of a grain of strychnine, however, has caused tetanic and convulsive symptoms. You can see that it would take a very large



It is vain to expect that dead food should always preserve life in the feeders thereupon.—Fuller,

amount of the triple arsenates to cause toxic symptoms. A patient might swallow thirty to forty without any fatal or disagreeable results, but the proper dosage is two, three times a day, and this should seldom be exceeded.—Ed.



QUERY 4699:—“Boils and Carbuncles.” What is the best thing for boils and carbuncles?

A. B. S., Michigan.

Saturation of the patient with calcium sulphide, 1-6 to 1-3 of a grain, to be given hourly for the first day or two until the patient’s breath smells like an “ancient egg,” then the same dosage can be given every two hours. Sustain the vitality with full doses of nuclein and the triple arsenates. At the same time the bowels should be cleaned out thoroughly with fractional doses (1-6 of a grain each) of calomel, podophyllin and leptandrin. These are best given half hourly after 7 p. m. three times a week. The next morning a heaping teaspoonful of saline should be given in half pint of hot water; the antiscorbutic (calcium iodized gr. 1-3; phytolaccin, gr. 1-3; stiltingin, gr. 1-6; arsenic iodide gr. 1-67; nuclein, gtt. 4), two granules and the sulphur compound (pulverized sulphur, gr. 1-134; extract nux vomica, gr. 1-67; podophyllin, neutral gr. 1-67; collinsonin, gr. 1-134), three granules should be given after each meal to correct the systemic dyscrasia.—Ed.



QUERY 4700:—“Injection of Hemorrhoids.” I notice on page 1260 of the December CLINIC that you tell how to treat piles by the injection of carbolic acid in olive oil. You say treat all piles at one sitting, and in your book “The Treatment of the Sick,” you say treat

The only people with whom it is a joy to sit silent are the people with whom it is a joy to talk. Clear out!—Gail Hamilton.

one at a time. Now I want you to tell me how to cure an old man, age about sixty-five, with internal and bleeding piles. They protrude sometimes and they are about the size of a large hen's egg. They are in a cluster and each one is about the size of your thumb. This old man has had this trouble for years. Would there be any danger treating this case with the carbolic acid injections? If I can cure this case I will make a hit, but I don't want to make it worse. He has tried all the doctors and all patents recommended for piles, and he gets worse all the time. He also has enlarged prostate gland. I had to draw his water today.

B. L., Kentucky.

Of course if the patient is very weak or debilitated care must be taken, and in such a case it is certainly better to treat but one pile at a time, though the writer has never had unpleasant sequelæ follow the injection of from three to five tumors. Much depends upon the condition of the pile tumor, whether it is in an active or sluggish state and likely to readily assume an inflammatory condition; also whether the tumors surround the gut wall or not. There is no danger in treating hemorrhoids by the injection method, providing you are dealing with a fairly normal patient. The only thing is, you must use enough of the solution to turn the pile tumor white and you must use a strong solution. Follow the instructions given in the December CLINIC and treat those, piles, anointing them with a bland unguent before returning them to the bowel. Be careful, Doctor, in inserting your needle to get the point into the center of the pile and on no account penetrate the bowel wall. The piles all slough away, but it is dead tissue and there is little or no pain and such as there is may be easily controlled by a little hyoscyamine in suppository form

(or cocaine, or extract of opium) and the application of hot or cold cloths to the rectum as may be indicated.—Ed.

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QUERY 4701:—"Pertussis." Whooping cough is raging in this country among the young and old and killing a lot of young children and old. It is killing so many, will you be so kind as to give me your best advice?

D. P., Tennessee.

We can hardly realize that whooping cough proper is being fatal to the aged. This is very unusual. In fact whooping cough rarely affects any person over fifteen. The whooping-cough tablet (Calcium sulphide, gr. 1-6; camphor monobro., gr. 1-6; quinine hydrofer., gr. 1-67) is one of the most effective with which we are acquainted. One of these may be crushed and given with a few swallows of water to full effect hourly and a granule of atropine may be added to every other dose. An excellent method of treatment is to first of all clean up the bowels with calomel, iridin and podophyllin, of each, gr. 1-6, giving this dosage half hourly together for from three to four times according to the age; follow with a saline draught and every four hours (preferably an hour after food) exhibit five grains of the sulphocarbolates to keep the bowels aseptic. Then hourly give one of the whooping-cough tablets with atropine, gr. 1-500, added to alternate doses and calcium iodized, every two hours. As soon as the condition is under control drop the atropine and alternate the whooping cough tablet and the calcium iodized, four to six times daily. In very young children the spasm can be promptly averted by seizing the tongue with a

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It is a criminal contempt of the magnificent possibilities of life not to lay hold of God's occasions floating by.—Gail Hamilton.

With all the inconveniences human life is liable to, I shall not object to a new edition of mine, with the errata of the last life corrected.

napkin or handkerchief and pulling it forward, at the same time depressing the chin forcibly. This will rarely fail and any intelligent person can give this treatment.—ED.

QUERY 4702:—"Rheumatism of Joints." What have you found to be the best treatment for the form of rheumatism manifested in the finger joints, not arthritis deformans. Patient not a high liver or drinker; eats meat once a day, eats considerable sweets. Mother had same condition. Patient a male.

C. R. DeF., District of Columbia.

No remedy has won wide popularity in rheumatism that is not an intestinal antiseptic—as shown by the list of chief antirheumatics, salicylic acid and its derivatives, resorcin, quinine, and cathartics. Recognize this and begin by clearing the alimentary canal, by giving calomel and podophyllin at bedtime to "loosen up," and a morning saline to wash out the bowel. Then use a sufficiency of whichever antiseptic you prefer; and stimulate renal elimination by the use of calcium carbonate comp., a tablet four times a day or oftener. Locally, a saturated solution of magnesium sulphate is useful, applied on compresses for eight to twelve hours, followed when tenderness will permit by massage with ichthyol and lanolin, one part to eight: or by carbolated oil. There have been quite a number of favorable reports on the little "antirheumatic" granule, containing colchicine gr. 1-67, amorphous aconitine gr. 1-134, digitalin and strychnine arsenate each gr. 1-134. The first strongly stimulates renal elimination of solids; the second relaxes vascular tension and moderates fever; the third steadies the heart in these small doses, and the fourth is a vital incitant and contracts paretic vessels and

tissues, besides energizing every organ and function in the body. Cushman's rheumatic granule contains aconitine, colchicine and strychnine sulphate, with macrotin—the latter has a wide reputation in the subacute and chronic forms of this malady.—ED.



QUERY 4703:—"Enuresis." Young woman of twenty-two, has been the rounds for treatment for enuresis. Her general health is fair, but she passes urine four or five times a day; she may not soil the bed for two weeks, then possibly every night for a time. The above condition is worse preceding monthly periods; bowels regular, no cystitis or urethritis, habits good. I would like very much to have help as soon as possible. The specific gravity is 1026.

J. A. W., Indiana.

Enuresis persisting until the age of 22 demands more than a passing prescription. It may be a precursor of serious neuroses. There may be some source of reflex irritability about the urethra, bladder, or especially the clitoris; seek and remove the difficulty. The urine may be irritating from oxalic acid; then it will be pale and abundant. The bladder may be abnormally sensitive, when a sufficiency of hyoscyamine to slightly dry the mouth, will give relief. Or, the vesical sphincter may be weak, when a few granules of cantharidin will restore normal tone. Don't prescribe for the enuresis, Doctor, but for the conditions that cause it. Probably arbutin meets the indications better than any other single remedy, as it subdues irritability of the bladder and cures catarrhs of the urinary ways. Give gr. 1-6 seven times a day, saving the hyoscyamine for bedtime. Europhen and aristol, in oily solution, twice a week, has cured some obstinate



Franklin said that a girl resolved never to marry a parson, a Presbyterian or an Irishman; but she wedded an Irish Presbyterian parson.

Solanine offers to the epileptic an opportunity too promising to be lost. It is the active principle from bull-nettle.

cases. If the urine is concentrated give diluents; if she drinks much after tea, it will be sure to cause trouble.—ED.



QUERY 4704:—"Prostatic or Vesicular Involvement." Male, age 35. Has had gonorrhea, followed by stricture, but that passed away and then the testicles enlarged for several months and regained normal size. Has not used anything for six months, but now wants to be cured of a slight emission; married a year and leads a quiet life. No pain in any portion except at intervals a quick shooting sensation. Everything appears in normal condition, only he worries (as is natural) from the slight dripping of pale fluid with sometimes thick particles resembling semen.

H. H. K., Colorado.

This case is unquestionably one of uncured gonorrhea, dangerous to the wife and most likely the semen will be found devoid of spermatozoa and the man sterile. Ascertain this first; if true, put him on the only treatment that has yet been devised that offers any chance for a cure: Arsenic sulphide gr. 1-67, and calcium sulphide one grain, four times a day, gradually increasing to full tolerance and sustaining it for several weeks. Apply euarol (euophen and aristol in oily solution) to the prostatic urethra twice a week, using protargol, a grain to the ounce, also twice a week. After a month's treatment, have the secretions again examined for gonococci.—ED.



QUERY 4705:—"The Injection Treatment of Hernia." Where can I get the necessary information to use the injection treatment for hernia? Is there any clinic or place where I can go and see it used? Is there anything published on the subject—books, pamphlets, or articles



In infected wounds, antiphlogistine applied thick and hot and properly protected from the air gives prompt results.

in journals? If so, please suggest the best short treatise.

J. H. H., Texas.

We would refer you to the "General Practitioner as a Specialist" (Albright's new book) for information relative to the injection treatment of hernia. This method is most effective in proper cases and does not require so much skill on the part of the operator as might be imagined. Unfortunately the quacks have gotten hold of it (as they manage to get hold of many good things) and the profession, half asleep, has let them "gobble the plums" without making a protest. Most of the recent text-books on abdominal surgery contain more or less mention of this method also. We do not know of any clinic in which the injection treatment is generally used although there must be any number of them. Get the book, read up on the technic and then do the work yourself. You can do it, just as the writer has done it many times and with success in every instance.—ED.



QUERY 4706:—"Apomorphine." Please give dosage of apomorphine.

J. H. L., Indiana.

Apomorphine is given in varying dosage according to the peculiarities existing in the patient. The dose that will be effective in one case is as you know sometimes useless in another: 1-16 to 1-12 of a grain hypodermically will generally act as a prompt emetic and is the dose we always administer in croup. We rarely exceed 1-12 grain though in some adults we give gr. 1-10 for emetic effect. Gr. 1-67 or 2-67 every three hours works perfectly as a rule as a relaxant and expectorant, though gr.

Many who have tried the use of dracontium have pronounced it possessed of valuable properties. The modern solanine is it.

1-10 by stomach does not cause nausea and is very effective in forcing free mucous secretion. In severe conditions gr. 1-67 can be given half hourly until relaxation and ejection of the collection of mucus takes place.—ED.



QUERY 4707:—"Ankle Wound." My patient fired 100 number seven shot into his ankle two inches from the external malleolus, downward; the shot are all in the foot, but there is no wound except the wound of entrance. Hemorrhage was slight. I washed out, bandaged, elevated foot, and left him easy. What may I expect? What is best to be done? I propose this question for discussion, although suggestions will doubtless come too late to help me. With the finger I could feel down to the tarsal bones that were roughened by the shot. The muzzle discharged against the ankle, pointing downward, probably slightly backward and inward.

C. E. B., California.

In answer to your query as to what you may expect in a case of a man shot in the ankle, we would say, nothing, except a clean heal, that is provided that none of the trouser, sock or shoe was carried into the wound with the pellets. As you are aware, bullets and shot fired from a gun are rendered aseptic first by the gases in the barrel and secondly by the intense speed with which they go through the air. Unless the bone is chipped, better leave the wound alone providing for drainage to a certain extent and heal up by granulation from below. We publish the query to see what the "family" have to say.—ED.



QUERY 4708:—"Angioma." A young lady (aged 23 years) has sought relief from me for a species of tumor, located on the lower third of right leg about



The man or woman who foregoes the blessings of children merits contempt as heartily as the runaway soldier.—Roosevelt.

three inches directly above the external malleolus. I have diagnosed the tumor as a species of angioma or vascular tumor. It seems to be composed of a plexus of varicose capillaries embedded in fibrous tissue. It is about an inch in diameter and projects about one-quarter of an inch above the surrounding integument. It is of a livid or pale purplish color, almost totally painless, surrounded by an areola of discolored integument. History: It appeared in 1899 as a white lump the size of a pea. In about six months it began to enlarge and became livid. It gradually increased in size until in 1902, when a physician extirpated it. The cavity healed slowly by granulation. It has at present refilled, having the same appearance as when it was operated upon. My treatment, so far, has been compression, deep injection of astringents and absorbents with a systemic treatment of alteratives.

G. K. M., Arkansas.

You are probably right in your diagnosis, though the recurrence of growth is unusual in angiomas. That is the one suspicious point and we should be inclined to extirpate, using the actual cautery instead of the knife. If however you should dissect out the tumor go well around it into sound tissue, cauterizing the cavity and, as soon as granulations are obtained, skin graft and use the applied blood treatment (bovine and iodoform on gauze). We do not believe in astringent injections, the danger is too great and they are not satisfactory. The best thing to do in all these cases is either to leave them alone or promptly extirpate them. This is a very small growth and can be easily removed and, by the use of infiltration anesthesia and chloride of ethyl spray the work can be done painlessly. Of course you would not use the chloride of ethyl spray if you use the cautery.—ED.

Taft says it is not yellow fever, but malaria that ails Panama; but it kills people all the same.

QUERY 4709:—"Multiple Sclerosis?" I have a case that is bothering me a great deal, and I am at a loss to find anything that will give her relief.

She is a heavy-set lady of 55 years. Always had good health until about one year ago, when the present trouble commenced. She was married at twenty and is still living with her husband. There never were any children or miscarriages. She complains of insomnia, and pain most of the time between her shoulder blades, and there is great sensitiveness of the spine at the level. Her face is bloated or puffy sometimes, more especially mornings, but it lasts sometimes all day. She goes sometimes weeks at a time without this symptom, however. Her ankles swell more or less, usually the worst towards night. She complains of shortness of breath a great deal. She has some heart trouble, i. e., fast, irregular beat, with aortic pulsations. There are no murmurs. Her hands and feet are usually cold. There is considerable weakness of the entire left side and she is afraid that she might have "a stroke." I cannot detect anything wrong with the urine and I have examined it a good many times chemically. The bowels are usually quite regular. Her appetite is good and digestion fair.

Her eyes give her lots of trouble; she says the whole eyeball is painful and feels as though they would drop out. During these times she can scarcely see, as she says there is a mist before her eyes. The conjunctivæ looks normal but the pupils do not react to light at these painful times and the pupil has a hazy appearance.

She has a shuffling gait and assumes a rather stooped position. She is rather shaky, especially of her hands. She is very "worrisome" and it is hard to please her, as she finds fault and criticises little things that do not amount to anything. She has the appearance of one that is becoming demented, although she has not said or done anything radically wrong. There is considerable of inco-

ordination of the arms and she cannot put the ends of her first fingers together with the arms extended.

The more I treat this lady the more I think it is some grave nervous disease, as paralytic dementia or possibly myelitis. I would like you to venture an opinion and some advice as to treatment.

E. M. B., Illinois.

It is out of the question to make a positive diagnosis in a case of this kind from description only, but there is apparently multiple sclerosis here. Look up the reflexes and examine pupils. The writer has just discharged a somewhat similar case—a lawyer who has for three years been steadily failing. "Paresis" was the diagnosis and one month before he came under treatment he suffered from aphasia and loss of sensation and motion of the right arm. Today he is back at his work, seemingly sound and well. In all these cases there is lack of nutrition and retention of waste. *Clean up* and keep the *primæ viæ* aseptic. Calomel, gr. 1-10, euonymin and juglandin, of each gr. 1-6, half hourly for four doses at night with a saline draught the next morning will be efficacious. Repeat the night medication three times weekly. Give ten drops of nuclein on the buccal mucosa morning and night and t.i.d. one lecithin tablet and two strychnine and phosphorus compound granules. Any good digestant after meals followed in an hour by ten grains of the sulphocarbolates. First and last thing (night and morning) two dosimetric trinity to equalize circulation. Massage to spine and salt rub twice a week. Diet carefully.—ED.

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QUERY 4710:—"Apocynin in Ascites of Infant." Would apocynin be indicat-

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The diagnosis between yellow and malarial fevers is easy enough if the doctor will keep both eyes open.

Coleman's booklet on yellow fever is as interesting as a romance; and well worth perusal. You can get it from the A. A. Co.

ed in a case of ascites, caused by peritonitis, occurring in a child of six months?

W. E. G., Illinois.

We would hardly like to use apocynin in a case of peritonitis—or the post-inflammatory ascites—where the patient is only six months old. Is this the ascitic form of tubercular peritonitis? The *cause* must be found and treated. If the collection of fluid is great it should be aspirated under aseptic conditions. Iodine in some form internally and externally, mercurials (mild), diuretics and diaphoretics will be indicated. One of the calcium iodized tablets may be given in solution every three hours. Apocynin is indicated only in cases with low vascular tension. Small dose of pulv. jalapæ. comp. or a granule of jalapin may be given at three-hour intervals to effect but watch the case carefully and sustain heart with cactin and brucine and strengthen with beef juice freshly expressed and dropped into the mouth. If you *do* use apocynin give one-half tablet at a dose and bear in mind that it is insoluble in water. If we knew the cause of the peritonitis we could prescribe better.—Ed.



QUERY 4711:—"Addison's Disease?"

A woman, 41 or 43 years of age, mother of four girls, a hard worker, living in a big, fine house, on about Dec. 1, 1904, began to feel badly, ache, tired, etc. Diarrhea; bowels move after eating. Skin yellow, eyes clear. Her skin later became nearly brown. Temperature 99° or 100° F. every time I saw her. No abdominal tenderness or tympanites. For a while she had quite a cough, but that has disappeared. She was rather fleshy but has lost considerable. Was up all the time until I put her to bed, two weeks ago. Says she feels good, except for the diarrhea. Sleeplessness, no chill, tongue

clean. She remained in bed about ten days, no worse, no better. A little nervous, skin is still very dark. For a while there was a slight eruption on neck and chest. Kidneys normal. Not much appetite. Malarial treatment, also sulphocarbolates, etc.

R. E. D., Illinois.

There is evidently some severe hepatic disturbance here. Suppose you make a careful examination of the hepatic region. Unless you are able to explain the phenomena present by finding some liver derangement we shall be led to think it Addison's disease—and unfortunately this is, as you are well aware, practically incurable. Rest, careful dieting and the exhibition of adrenalin chloride solution in three to five-drop doses t.i.d. together with the arsenates of iron, quinine and strychnine with nuclein—two after each meal—will be your line of treatment. Arsenic iodide and creosote may also be tried in full dosage. If the liver be affected and the biliary secretion deranged you will get the best results from calomel, podophyllin and leptandrin, gr. 1-6 of each half hourly for six doses at night and a saline draught before breakfast next morning. After each meal chionanthin four and juglandin two, before meals quassin two, capsicin one and strychnine arsenate gr. 1-67. After a full examination write us again.—Ed.



QUERY 4712:—"Menstrual Disturbance." I have a patient, school teacher, aged 25, who since puberty has suffered intensely with her menses. First two days intense uterine pain, then it attacks the top of the head. She is a blonde and delicate. Periods usually regular. Deep pressure over the fundus of uterus relieves pain. Headache is excruciating.

T. E. T., Iowa.



According to Grünewald the total daily quantity of gastric juice is about 1580 Cc., or approximately three pints.—Boardman Reed.

The percentage of free HCl in the stomach varies from 0.1 to 0.2 per cent; that means half to one ounce of dilute HCl daily.

Use at the intervals between the menses the uterine tonic, morning, noon and night, stopping this at the first sign of flow. Have the patient take a teaspoonful of saline before rising on the first morning of her sickness and caulophyllin, two granules; macrotin, two, and capsicum three times daily. If the pain occurs small doses of gelseminine and cannabin tannate will be indicated. Of course these reflex headaches are due to some abnormality of the generative organs and if we can only put our finger upon this we can speedily get rid of the headaches. You will probably find there is uterine engorgement and depletion per vaginam will prove serviceable.—Ed.



QUERY 4713:—"Ataxic Aphasia." I have a patient, an old lady, who enjoys good health in all respects but is unable to talk, save the few words "all right," and these she uses constantly. She has had trouble with an eye, so that she can use but one. What can you suggest to relieve her? Will add that she is perfectly rational and understands what one says to her. In fact, she assisted me recently in treating her husband.

L. P. S., Minnesota.

It is difficult for us to prescribe for the old lady (who has, as we understand it, a most pronounced case of ataxic aphasia). There is evidently some lesion affecting the ocular and lingual centers but only a most careful examination will reveal the exact state of affairs. Probably nothing better than strychnine and phosphorus with lecithin could be exhibited, though proper electrical treatment would do something, perhaps. Push the arsenates of iron, quinine and strychnine with nuclein and keep up free elimination and intestinal

asepsis meanwhile—and see the result.—Ed.



QUERY 4714:—"A Mexican Diphtheria?" I have three cases which I want to describe as fully as possible, then ask for diagnosis and treatment:

1. Mexican girl, eight years of age; came complaining of sore throat, loss of voice. I found tonsils swelled and covered with a membrane and when membrane was removed, left a bleeding surface—considerable adenopathy but no fever throughout the course. I called it diphtheria. Not having antitoxin I gave her calcium sulphide and calcidin one every half hour at first. Used chlorine water locally. In a few days she seemed entirely well.

In a few days another child was brought to me from the same house—same symptoms and same treatment. I now have another case about one-half mile from the above house. Child, age four years, taken sick at night. Too small to get a history of prodromals. Highest temperature so far 38° C. Same symptoms and same treatment as above except I used 2,000 units of antitoxin the first twenty-four hours. Diagnosis of all, diphtheria.

Is there any throat trouble that can have the above symptoms except diphtheria—and the three cases show it is contagious? Outside of the microscopical findings what is the most reliable diagnostic sign? Isn't it the membrane and the bleeding surface which appears when membrane is detached? Is there any form of throat trouble which upon removal leaves a bleeding surface outside of diphtheria? If so I have never met it. Can you have diphtheria without temperature (afebrile)? I should have said in describing my cases the membranes all commenced upon tonsil, then spread to soft palate and in one attacked the larynx. Two of them bled from the mouth and nose.

B. W. G., Mexico.



HCl has a decided antiseptic action on many bacteria; but it does not check yeast growth, which may cause fermentation.

Only rarely is there a deficiency of pepsin in the stomach; but pepsin only become active in the presence of HCl.

The microscope alone could determine the nature of the first disease described. This was seemingly either a peculiar variety of diphtheria, follicular tonsillitis or a peculiar form of lymphadenitis—the absence of fever being remarkable in either case. Tonics, eliminants and the local use of peroxide of hydrogen and tr. ferri. chlor. would be indicated. Nitrate of silver solution might be useful. Locally you seem to have some varieties of disease we, further north, are unfamiliar with. After reading your second case we wonder whether you can have run across membranous croup with secondary streptococcic infection? You do not mention “crouping.” The possibility of true diphtheria must not be lost sight of though we can hardly believe this disease could be present without marked fever and more pronounced systemic disturbance. Again we say the microscope alone can decide. Yes, authorities state: “These changes (a membranous formation, removable easily, leaving a bleeding surface, etc.) are not necessarily characteristic of diphtheria (except in the presence of the Klebs-Loeffler bacilli) as other germs are capable under certain conditions of producing similar lesions.” The odor of the diphtheritic throat is *distinctive*. We have never seen an afebrile condition in diphtheria. We wish Doctor, the membrane could have been examined for these are most interesting cases and may have been mild diphtheria.—ED.



QUERY 4715:—“A Shotgun Prescription.” “Barley Water.” I wish to prescribe hyoscyamine, the arsenate of iron, quinine, quassin, and the diuretic and antispasmodic granules. I wish the whole bunch for one patient. Can I put them in solution and order one dram every six hours? If not how can I give them all?



Rennin is secreted by the stomach; it causes a light flaky coagulum in milk, while HCl alone makes hard curds.

I am trying to learn how to use the granules. You suggest barley water for kidneys. Please send directions for preparing same.

J. B. B., Illinois.

The diuretic and antispasmodic granules contains strychnine and hyoscyamine. It would be better to give the arsenates of iron, quinine and strychnine one or two after meals where they belong. Before eating give the quassin and diuretic tablet, glonoin being given by itself at least an hour or two from the other remedies. If you will think for a few moments you will see the incongruity and physiological incompatibility in giving all these drugs at one dose.

You can give granules in capsules most advantageously, but Doctor, remember that the active principle granule is a potent remedy and use each remedy for its own effect. The compound granule listed cover pretty nearly the field in this direction, and we very much regret that they have to exist. It is infinitely better for the physician to use single principles for single symptoms.

As regards the preparation of barley water send to the grocery store and buy a pound of pearl barley. To a cupful of barley put two quarts of water and allow it to boil gently until reduced to one quart; strain, add to the water secured another quart of plain water, sweeten, flavor with a little lemon and give to the patient, hot or cold, according to preference. At least a quart should be drank every twenty-four hours and the urine will be increased one hundred per cent in most cases.—ED.



QUERY 4716:—“Abscess.” I have a case that gets along slowly. An abscess of over two years' standing; caused from a fall. The femur was enlarged with

Pawlaw has shown that opening and closing of pylorus depends on reaction of duodenal contents; when acid, pylorus closes.

nodules—honeycombed, with a sinus opening on the outside of the left leg six inches above knee. Has run a great deal of pus. Now bone is nearly normal, except near condyles. Male, 17 years, pale and slim—shows scrofula. Acne over face and extremities.

W. J. L., Kansas.

Why don't you put that young man on the triple arsenates with nuclein, calcium sulphide, echinacea and some blood-making food. Locally, after cleansing with peroxide of hydrogen apply pure turpentine for a day or two, then bovine on iodoform gauze. We think you will soon get results from this treatment as it has never failed us. The main thing is to absolutely clean up and clean away all necrotic matter from the sore. Have this boy take a salt bath followed with an alcohol rub every other day and see closely to his diet. If this does not relieve it will be necessary to operate, curetting out all diseased bone.—Ed.

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QUERY 4717:—"Nephritis with Valvular Disease." In July, 1904, Mr. S. came to me for treatment. Upon examination I found an abnormal kidney, and varicose condition in both lower limbs, with quite a little swelling, followed with a general eruption over the entire surface and extending above the knees somewhat. The digestion was somewhat imperfect and a palpitation of heart existed. At this time I concluded the heart trouble functional and gave treatment for all the conditions mentioned, as it seemed advisable to me. Up to November, results were very satisfactory, as all the conditions took on a normal state. About Dec. 1 I was called to see my patient and found him with a bounding, rapid heart about 120 to 130 per minute. The kidneys and liver seemed to be in a normal state, bowels acting regularly. At this time the heart seemed to be wholly at fault. I thought there existed a slight

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aneurism. The palpitation continued five days, during which time I tried everything Drs. Waugh and Shaller suggest in their works, without the least relief. The fifth day I gave gr. 10 phosphate of soda, which brought heart to a normal condition, and it remained normal until Jan. 3, when the last-mentioned condition was repeated (including treatment) except that on the fifth day I gave a large dose of magnesium phosphate, after which the heart went to a normal condition and at this time is behaving nicely. You will notice in both instances on the fifth day the heart resumed its normal condition. Did the phosphates have anything to do with the relief or was five days the limit? I expect a return of this trouble and ask advice in the case.

S. J. R., Kansas.

Had we a specimen of this patient's urine we could form a better estimate of his condition. You do not give us his age or describe the heart-sounds. It is questionable whether there is not a nephritis with accompanying cardiac disease—there were certainly uremic symptoms. Blue mass and soda, gr. 1 with euonymin gr. 1-6 hourly for four to five doses after 6 p. m., with sodium phosphate or other saline the next morning on rising will prove the best eliminative medication. Apocynin, one granule four times daily with three granules of barosmin will aid. Every three hours give cactin, two granules, strychnine arsenate, gr. 1-67, for the cardiac disorder; morning, noon and night two of the trinity to equalize circulation. Diet carefully, order a glass of hot water between meals and no fluids with food. Better eschew meat—except soups and juices. Fish, poultry, fruit, milk, eggs and vegetables for this man. In sending urine (two ounces) collect the specimen from twenty-four hour output and state amount.—The treatment brought the relief.—Ed.

To detect diatetic sins have patient jot down what is eaten at each meal—and between meals.—Boardman Reed.

In croup, calcium iodized internally and antiphlogistine hot and properly covered externally make a winning team.

QUERY 4718:—"The Proper Needle for Hemorrhoids." I see you advocate the use of a large needle for the injection method for the cure of hemorrhoids. Will not an ordinary hypodermic needle do—or is there something better?

E. A. H., Iowa.

A large hypodermic needle will do for the injection of hemorrhoids. We forget the exact number, but it must be, at the lowest calculation, 1 1-2 inches in length. We very much prefer to use the regular hemorrhoidal needle with a set screw which regulates the depth to which the needle is plunged. However, as soon as a man has become used to operating he can tell when the point of the needle is in the center of the hemorrhoidal tumor, the great point being to avoid penetrating the bowel wall.—Ed.

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QUERY 4719:—"Calculus." The specimen of urine sent herewith is taken from a man sixty-five years old, a veteran of the Civil War, who has seen much hardship, having been long in active service, wounded several times severely, but withal, a robust old gentleman, until since October last, when he took a long ride, covering perhaps twenty-five miles in a buggy. He returned feeling pain in the back, accompanied with somewhat frequent desire to urinate, with a scalding sensation in doing so. I was consulted and found his urine very acid and loaded with urates. I put him on citrate of lithia and citrate of potash, and such soothing and alterative diuretics as suggested themselves to me, but without relief. Others were called in, but the case persists. He passed, some time ago, a substance, while urinating in the stable, that seemed to come from about an inch back of the meatus, and had occasioned a stoppage, which was relieved immediately upon its passage. It was not found but was believed to be a calculus that had

probably formed at that point. It left a very sensitive spot that it had occupied—from which blood and pus occasionally is discharged, or that seems to come from that portion of the urethra. There seems to be very little prostatic enlargement, though there was evidence of a prostatic abscess following his ride early in the history of the case. There is no twisting of the stream or bifurcation of the current. He suffers agony at intervals, with the passage of blood and shreds—to get temporary relief for a day or two, only to suffer a repetition of the painful experience. He is losing flesh and is growing quite pallid. I would like all the light on the case that I can get. Is there anything of a malignant character about the case?

E. T. M., Kansas.

The report of our pathologist shows that there is ten per cent of albumin, an enormous increase of urea, uric acid, etc. Phosphoric acid is normal; amount of sulphuric acid is large. We think you will find calculi; probably in the ureter; in fact we are almost positive that you will find, if a cystoscopic examination is made, that a calculus is lodged in the pelvic portion of the ureter, the symptoms pointing markedly towards this condition. Operation is the only possible cure. In the *Annals of Surgery* for December you will find a monograph upon the treatment of this condition with reports of cases operated upon, technique, etc. Have a radiograph made and a cystoscopic examination. In the meantime give calcium carb. co. and salines with sufficient hyoscyamine to relieve the distress. If you add a grain of arbutin to each dose results will be better. Hyoscyamine one granule three or four times daily and a saline in hot water morning and night.—Ed.

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Always be on the lookout for blood in the stools or in the vomitus; it may give a dark, coffee-ground or tarry appearance.

Constant coldness of the hands and feet indicates disturbance of circulation, but not necessarily heart disease.—Reed.

QUERY 4720:—"A Boy Who Bites His Hands." I have to do with a boy that has "got me guessing." Having exhausted my resources I appeal to the CLINIC for help. A boy twelve years old, in perfect health, so far as I can see, has the habit of biting his hands until they bleed, especially the palmar surface of the fingers. The parts are so much thickened and inflamed that I am not positive that there is no eruption. There is none, however, on the remainder of the body. Says he bites the parts because they burn. There seems to be an involuntary tendency. Why does he do this and what can I do for him? I can furnish no other light on this case.

A. B., Iowa.

This may be merely a neurosis; on the other hand there may be some dermatitis. We should promptly make an ointment of ichthyol one dram, resorcin one dram, lanolin and vaselin of each one ounce and after washing the hands well with carbolic acid solution would apply this ointment on gauze and bandage the entire member. If the condition is not serious enough for this apply bitter aloes and the youngster won't gnaw his fingers more than once. At the same time clear out the bowels with calomel in small doses and compound licorice powder and give salines daily for a week or two. Examine the urine and if there are abnormalities correct them. You will probably find hyperacidity. Another thing to look for is worms. We should not be at all surprised if the boy had lumbricoides.—Ed.



QUERY 4721:—"Cancer." Can any or all of the family and readers of the CLINIC give me reliable treatment for cancer developing upon the face? Patient, male, age 53. Otherwise health



Very often coldness of hands and feet is due to contraction of arterioles from the presence of xanthin bases.—Boardman Reed.

fairly good. All information gratefully received.

J. M. G., Indiana.

We have so often published methods of treating cancer that we leave this question for CLINIC readers to answer. Tell your successful methods giving local and internal remedies used. This is one subject upon which we cannot have *too much* light.—Ed.

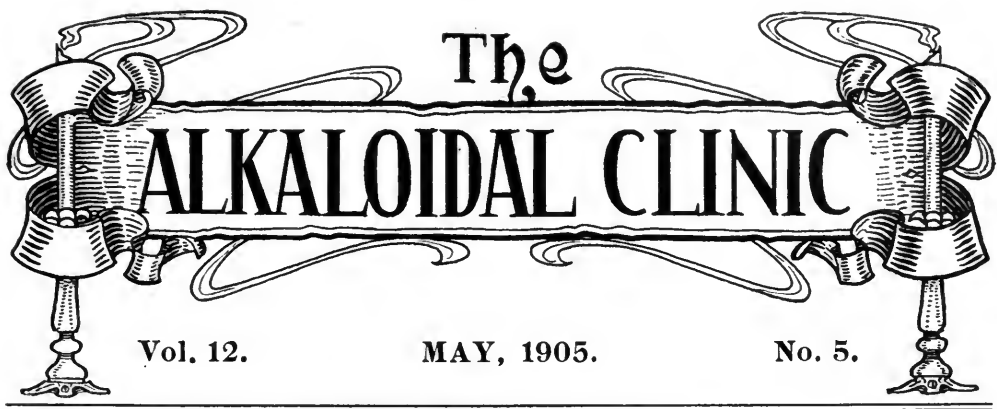


QUERY 4722:—"Solvent for Menthol." Through your "Query and Answer" department will you please suggest to me a suitable solvent and vehicle for menthol, by which it may be used as a soothing and cooling spray for a hot and dry nasopharynx?

I. McM., New Mexico.

There are better remedies than menthol for the condition you name. However, you can use the following prescription with satisfaction: Menthol, gr. 6; eucalyptol (Sander's or Tyndale's), gtt. 5; liquid petrolatum, oz. 1. Mix. Use as a spray several times daily. Menthol and chloral rubbed together make a fluid which may be added to olive oil (1 to 10) and used with advantage in such cases or it may be applied to burns with good results. Menthol is soluble in alcohol, ether or chloroform and also, *to a slight extent*, in water. Boracis, dr. 2; ac. carbolic, gr. 16; glycerini, dr. 2; aquæ rosæ, q. s. add oz. 8. Mix. Sig. Apply with swab or as spray to pharynx and nares. This will, we think, prove a better application. The menthol compound tablet, two of these, to four ounces (or eight) of water with one-half ounce of glycerin, is also excellent. But of all agents sol. bismuth and hydrastis (colorless) Merrill, is the most satisfactory. One part to two of water—Ed.

Remember, therefore, that coldness of hands and feet may mean digestive disturbance; neurasthenia may be a result.



UNCINARIASIS OR HOOKWORM DISEASE.*

BY WATSON S. RANKIN, M. D.
Professor of Pathology, Wake Forest College.

HISTORICAL.—The earliest references to a disease, which all authorities now believe to have been uncinariasis, are contained in an old Egyptian papyrus thirty-five hundred years old.

In the seventeenth and eighteenth centuries writers in South and Central America, and the West Indies, refer to a disease whose clinical features are identical with those of uncinariasis today. In Europe the disease was first described as occurring at Ansin in 1802, and Dubini at Milan, Italy, discovered the specific cause of the European type in 1843.

In the United States the disease was first described independently by a number of Southern practitioners, under the terms "dirt-eaters' anemia" and "negro consumption." These were only clinical descriptions, and are scattered over the first half of the nineteenth century.

Not until 1893 was a case definitely recognized by the microscope in this

country, by Blickham of St. Louis. From this time until December, 1900, only seven cases are recorded by three or four observers. In this year Dr. B. K. Ashford observed four cases, and deserves credit for first seriously calling attention to the disease.

In 1902, Dr. Charles Wardell Stiles, comparing specimens of worms collected from different sources, noticed a difference in the anatomy of the American and European worms, and so demonstrated a specific cause for the American type of the disease. In this same year he aroused the general interest of the medical profession in this malady, by making a Southern tour of investigation, in which he demonstrated the great frequency and widespread distribution of this plague of our warm, sandy districts. That many had not taken advantage of this discovery was plain to me by the small number of cases reported in American literature. In January, 1903, Dr. Jos. Capps of Chicago could collect only 43 cases from the American literature.

I know I am correct in stating, that doctors in our southern states, as a rule,

*This is the first of a series of articles upon Hookworm Disease, one of the most common diseases in the South. Dr. Rankin has made important investigations upon this subject and his articles should be followed with great care.—Ed.

have not recognized the great frequency of this malady, and the almost inconceivable harm it is working in their confiding patrons. This disease is second in importance to none in the South. In this statement I am not forgetful of tuberculosis, malaria and venereal diseases; nor do I stand alone in this broad assertion, but with every single investigator of this trouble. If there be those of the opposite opinion, they are so because they have not taken the trouble to systematically investigate the disease.

I shall now proceed to present evidence to maintain this broad statement as to the importance of uncinariasis:

Its importance will depend upon its (a) distribution, (b) frequency and (c) its pathological significance.

I shall now proceed to give the statistical evidence bearing on distribution and frequency, leaving the pathological significance for another subdivision.

Distribution and Frequency.—We should recall here that we are dealing with a disease 3500 years old, and in this length of time it certainly has had time to widely disseminate itself. And so we find the disease endemic the world over between the parallels 31° and 30° N. and 30° S.

In Egypt, where it is known as "Egyptian Chlorosis," it is found in every cadaver. In India, Manson states that some districts show 75 per cent of the population infected. In Madras, 52 per cent are infected. In Ceylon, Straits Settlements, and on this hemisphere in Brazil, and in Guinea, it is equally prevalent.

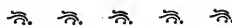
Last year in Porto Rico where the total death-rate was 25,552, it was estimated that one-quarter died from this disease, such a menace to the industry

of the island that the government has recently appropriated \$5,000 for its investigation.

United States.—The disease was practically unheard-of in this country in 1900, there being up to that time only seven cases recorded. The knowledge of the American profession dates from Dr. Stiles' work in 1902. So we have then in uncinariasis, a disease 3500 years old, but from our knowledge of the malady *only* three years old. Only a few men seem to have taken advantage of Dr. Stiles' work, so that today the disease for the most part is unrecognized. But please note this important point, that *every single investigator* who has heard Dr. Stiles' words of warning, and taken the trouble to investigate their truth, has most heartily endorsed his views as to the frequency and importance of uncinariasis, and his views which receive this unanimous and enthusiastic endorsement, are that in the Southern Atlantic, Seaboard and Gulf States uncinariasis is second in importance to no disease, not even excepting tuberculosis, malaria and gonorrhea. All one has to do to find this disease in the above-mentioned districts (i. e., warm, sandy districts of Southern States), is to suspect its presence.

In the United States it has been found in New York, Pennsylvania, Indiana and Maryland, where it was most probably imported. In Virginia, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Texas, Louisiana, Missouri and California, it has been found developing naturally.

In an investigation as to the frequency of the disease in North Carolina last year, carried on under disadvantageous circumstances, I collected 147 cases. In the examination of 140 college students,



Kussmaul first used the stomach pump and the stomach tube in the treatment of stomach diseases in 1869.—Daland.

The mind can weave itself warmly in the cocoon of its own thoughts and dwell a hermit anywhere.—Lowell.

37 per cent were found infected, the great majority of these men looking perfectly well. In thirteen counties, from which all the men were examined the frequency was 100 per cent per county. In the practice of one doctor we found 90 cases.

These figures, surprising almost beyond acceptance, only await a few years to be confirmed. I think I have said enough to convince anyone of the importance of uncinariasis looked at from the point of frequency and distribution.

Etiology.—This part of our subject naturally divides itself into two heads: first, a consideration of the anatomy and life cycle of the infectious agent; second, the route of infection. Now concerning the first of these two subdivisions, the anatomy and life cycle, I shall only touch on those points essential to a diagnosis and an intelligent understanding of the mode of entrance into the system.

For a more detailed account of the anatomy of the worm the reader is referred to Bulletin No. 10, by Dr. Charles Wardell Stiles, Marine Hospital and Public Health Service, Washington, D. C., or to the *American Journal Medical Sciences*, November, 1903.

Anatomy.—Size, male, 6 to 9 mm.; female, 8 to 11 mm.

Diameter about the size of an ordinary pin.

Color, gray or yellowish white, often chocolate from decomposed contained blood.

Shape.—Straight or coiled, but always with cephalic extremity bent sharply backwards, giving the anterior extremity a hook-like contour, from which it gets its name, "hookworm." Then again the tail of the worm is rather diagnostic, be-

ing blunt and expanded into an umbrella-like enlargement, perfectly visible to the naked eye.

The number of worms in a stool varies. The females are usually two or three times more numerous than the males.

The severest case contains 1,200 to 1,500. One case on record gave 1,728 worms. We may classify them as: Severe cases, 750 to 1,000; moderate cases, 350 to 750; mild cases, under 100.

Life Cycle.—The adult worm is found only in the small intestine of man, in the American type of the disease. In the European type it has been possible to infect lower animals with the uncinaria.

These worms deposit their eggs by the thousand in the bowel. These eggs cannot develop within the intestine.

This last fact makes autoinfection impossible. Therefore for every worm in the intestine, an embryo worm necessarily entered the system. The eggs which can only hatch out when exposed to external conditions, are important from a diagnostic standpoint. These eggs, in size, measure 68 by 38 microns, in shape are oval and symmetrical, in structure composed of a brownish-yellow granular yolk, which is usually segmenting when seen microscopically, and composed from two to eight cells. This yolk is enclosed by a beautifully transparent, laminated shell.

Occasionally the eggs contain an embryo. This is the case when the stool is two to four days old before it is examined. These eggs, cast off with the stool, when exposed to a temperature of from 22° to 37° C, kept in a semi-solid stool, and freely supplied with oxygen hatch out into the rhabditiform embryo. This hatching is delayed by darkness,



Agassiz said every new great cause goes through three stages; it is attacked, then is absurd, third adopted by former opponents.

Agassiz saw this truly, yet he opposed evolution himself; and we believe never reached his third stage, that of adoption.

lack of oxygen, or too much moisture, the eggs perishing in water. The young embryo after three or four days casts his first skin, and reaches what is known as the second ecdysis of its development. This is the infective stage.

This worm lives well in water and plenty of moisture is necessary for its

life. Loose has shown that these worms will pass through sand filters, and live for at least thirty days in water. This is important from an etiological standpoint. This completes the life cycle outside the body.

Wake Forest, N. C.

(To be continued.)



DELPHININE: THE ALKALOID OF THE LARKSPURS.

BY W. F. WAUGH, M. D.

THE cattle ranges of the West could furnish an inexhaustible supply of larkspur, were there any demand for it. There it is a nuisance, frequently causing the death of the cattle that browse upon the young stalks in the spring. Has it any value? If it has, why should not some good American citizens make a decent living collecting it?

We are all too apt to follow in the ruts in which we begin. We use the ancient forms of medicine bequeathed to us from the centuries, simply because we first learn them and later find it irksome to change. But if there is really a value to be obtained from this or any other wild native plant, we believe it is in a sense a patriotic duty to use it instead of relying upon remedies that come to us with a foreign stamp. We have, therefore, made some investigations of the literature of delphinine, the principal alkaloid of the larkspurs, and the results we present you. It seems to us that there are values in this alkaloid not to be obtained from any other remedy. It is not a panacea; not a remedy for any single disease; but when stripped of its encumbrances and presented in a state of purity, it seems capable of meeting

certain indications as clear cut and distinct as those so beautifully met by arbutin. Like the latter, delphinine seems to be comparatively useless until it is so separated from the other principles which in the plant smother it and render it unavailing.

Delphinine is the principal alkaloid of the stavesacre or *Delphinium staphisagria*, an annual herb reaching two to three feet in height, growing abundantly along the Mediterranean coast in the south of Europe. It has alternate leaves growing on long hairy stems, palmately veined and divided into five to nine segments. The flowers are a bluish-gray, mounted on terminal stalks in the axils of leafy bracts. The part of the plant employed is the seed. The word staphisagria is derived from the Greek words, *staphis*, a bunch of grapes, and *agria*, wild. The plant belongs to the natural order, Ranunculaceæ.

The seeds of the stavesacre contain a number of alkaloids, the most important being delphinine; others are delphisine, delphinoidine and staphisagrine. These were first extracted and studied together under the name of delphinine by Lassaigne and Feneulle in France, and Brandes in Germany, in 1819. This



All tetanizing bodies when converted into methyl compounds lose their tetanizing powers and become paralyzers.—Brunton.

Ammonia is a tetanizant and forms methyl compounds in the body which are paralyzant, causing the weakness attending indigestion.

mixture was used in all the early experiments and the true alkaloid was not separated until 1877 when it was discovered by Marquis and Dragendorff, who were able to extract a white, crystallizable alkaloid, smelling like amber and having a bitter, tingling, burning taste. Delphinine is very slightly soluble in water but dissolves readily in alcohol, ether and chloroform. (Alcohol dissolves 4.82 per cent, ether 8.98 per cent and chloroform 6.88 per cent.) The chemical formula usually given for it is $C_{22}H_{35}NO_6$, but Brühl in his more modern work gives it as $C_{31}H_{49}NO_7$.

Delphisine and delphinoidine are similar in action to delphinine but less active; staphisagrine, however, seems to have an action more analogous to that of curare and it is probable that the difference in early experiments with impure delphinine are due to the varying quantities of this substance in the different samples of the drug employed.

Physiological Action.—During the first half of the nineteenth century many experiments were made with delphinine and the literature concerning it is surprisingly rich. But for the last two or three decades the remedy seems to have fallen into almost complete oblivion. A study of it reveals undoubted possibilities for this remedy in therapeutics. One of the first to give it attention was Turnbull of London, who in his work, published in 1835 (On the Medical Properties of the Natural Order Ranunculaceæ, etc.) gave it a great deal of careful study. Subeiran (1837), Falk and Rohrig (1851), van Praag (1854), Dorn (1857), Darbel (1864), Cayrode (1869), Weyland (1869), Rabuteau (1874), Serck (1874), and Böhm and Serck (1875) are among the other experimenters. Their

experiments were largely made upon animals, including dogs, cats, frogs, pigeons, hens, etc., and even fishes. Most of these used the mixture of the alkaloids which was employed before Dragendorff and Marquis separated pure delphinine, but according to Hahn (Dict. Encyc. des. Sc. Med.) their results may be considered as fairly reliable, the presence of staphisagrine in varying quantities being the only element likely to cause much confusion. Rabuteau used a mixture which was peculiarly rich in staphisagrine, and he was the only one who gave much importance to the curare-like action sometimes noted.

Digestive Tract.—When taken by the mouth delphinine causes a tingling and burning sensation of the bucco-pharyngeal mucosa, but no profound inflammatory lesion results. The secretion of the muciparous glands is increased and there is great salivation (according to Dorn, exceeding that produced by mercurials); saliva dribbles from the mouth, the animal licks its muzzle and rubs it on the ground or other objects, probably on account of the tingling pain resulting from the local action. This phenomenon, as shown by Schroff, occurs also in veratrine poisoning. Taken into the stomach delphinine produces severe nausea, gagging and vomiting; the last may come on so early, especially in dogs, as to prevent the systemic action. To prevent this Orfila (Traité de Toxicologie) ligated the œsophagus; other experimenters introduced the drug by the rectum. Whatever the route of administration the gastrointestinal symptoms were manifested. In addition there is diarrhea, and when the remedy is administered by the rectum this may precede the salivation.

Respiratory Apparatus:—More or less

If used too strong, cocaine sometimes causes paralysis of movement, general; necessitating artificial respiration in one case.

Itching is one of the most awful symptoms, I think, that can affect mankind; it is almost worse than pain.—Brunton.

disturbance of respiration occurs soon after the administration of the remedy. If the dose is not too large the respiration is slowed without a preceding stage of excitement. The dyspnea which results is especially characterized by short and deep inspiration and prolonged expiration, and stertor. Serck called attention to a marked pause between inspiration and expiration and ascribed the slowing to this. *Death results from asphyxia.* When the dose is very large the slowing may be preceded by a short stage of respiratory excitement. One of the most marked actions of delphinine is its depression of respiration.

Circulatory Apparatus:—Upon poisoning with delphinine the heart is slowed and the blood pressure lowered, and finally the heart is arrested in diastole. This arrest comes a little later than the respiratory arrest. The heart in frogs continues to beat for several minutes after breathing has stopped and it is still capable of excitation for several hours after death. Life may be prolonged by artificial respiration. (van Praag, Dorn, Weyland and Böhm.)

Urinary Apparatus:—Turnbull gave great prominence to the diuretic properties of this remedy, and it has been tried for dropsies on this account; but later investigators express doubt on this point. Van Praag says that it causes renal congestion and abundant diuresis. That it has a congestive action I can verify in my own experience, for in one case I obtained symptoms of strangury from a large dose, closely analogous to those produced by cantharidin.

Nervous System:—Early symptoms of poisoning by delphinine are, great excitement, agitation and vertigo. The animal has a staggering gait and en-

deavors to support itself on objects. It rolls on the ground in a peculiar manner, raising itself and then letting itself fall. Voluntary movements gradually lose their energy and precision. The paralysis of sensibility and of reflex action are more marked than of voluntary motion according to van Praag and Cayrode. In other words there is developed an anesthesia and abolition of reflex excitability; and this is shown first and most markedly in the lower extremities and trunk, less in the upper extremities and practically not at all in the head. While the skin is insensible, voluntary motion is retained. Finally complete loss of sensation and paralysis, with involuntary evacuations occur, and the end usually comes with convulsions. The convulsions are at first clonic and finally tonic. The organs of sense retain their acuity though the pupils may be slightly dilated. A fibrillary tremor of the muscles of the abdomen may be observed; the same phenomenon has been noticed in aconitine poisoning. Serck has seen symptoms of strychnine poisoning disappear under injections of delphinine, though strychnine will not restore parts paralyzed by delphinine.

Skin:—Delphinine when applied locally produces hyperemia, itching, often a veritable inflammation and swelling similar to that produced by a mild vesicatory.

Autopsy:—The blood is dark and a little thickened, similar to that found in cholera poisoning. Passive congestion of brain, meninges, heart, kidneys, lungs, orbits; no inflammatory phenomena; heart arrested in diastole; ecchymoses in colon and rectum.

Mode of Action:—Delphinine undoubtedly exerts its action through the



Alcohol is quickly effective in relieving all itching, but if there is a crack for it to enter it burns like fire.—Brunton.

Ointments of calomel or carbolic acid relieve pruritus ani, says Brunton, but as carbolic does not act well in ointment use lotions.

central nervous system—the spinal cord and medulla oblongata. The cerebrum does not seem to be attacked. Serck has apparently shown that its effect upon respiration is produced upon the center of the pneumogastric; thus, in a dog poisoned by delphinine, cutting the pneumogastric relieves the dyspnea; if the nerve is cut before delphinine is administered, then there is no slowing of respiration and it may be accelerated. Even the gastrointestinal action may be central, since the vomiting occurs whatever the route of administration; however, it may be that the drug is eliminated by the gastrointestinal route—we have no data on this point, and it is possible that the irritant action may even then be direct.

Delphinine shows a certain resemblance to three other drugs: veratrine, aconitine and curare. Schroff emphasized the analogy between delphinine and veratrine, calling especial attention to the nausea, the salivation and the slowing of the heart. Cayrode compares it with aconitine and says: "Like the latter (aconitine) delphinine abolishes reflex movements and allows voluntary movements to persist, but aconitine has an action more direct on the respiration and heart." The local action of delphinine resembles somewhat that of aconitine, though one writer describes the sensation produced by delphinine as more of a burning and stinging, somewhat like that produced by a blister, while that of aconitine is more prickling, like that of a mild electric shock. Rabuteau calls attention to the resemblance to curare, but this is doubtless due largely to the presence of staphisagrine. As Weyland points out, the muscular paralysis produced by curare is a peripheral action,

that of delphinine central. The *loss of the excito-motor power of the cord* seems to be the prominent feature of the action of this remedy.

Therapeutic Uses:—In recent years staphisagria has almost ceased to be used. About the only purpose for which it seems to be employed by the regular members of the profession, judging by text-book reports, is as a local application of the powdered seeds or an infusion to destroy head lice. The eclectics find it useful in a considerable variety of diseases, especially of the renal and re-productive organs, such as chronic gonorrhea, amenorrhea, leucorrhea, prostaticorrhea, urinal incontinence, catarrh of the bladder, chronic irritability of the bladder, prolapsus uteri, menstrual disorders, etc. Its diuretic quality, so highly praised by Turnbull, may explain its beneficent action in these diseases. It is contraindicated in acute inflammations of the genitourinary tract, its congestive action tending to stranguary and exaggeration of the local trouble.

Delphinine undoubtedly exerts an action, both general and local, presenting striking analogies to both veratrine and aconitine. In the good results to be obtained from this remedy Brühl says that he can see no essential difference from aconitine and veratrine, but there undoubtedly is a difference. As a febrifuge and circulatory depressant in acute pulmonary affections it is undoubtedly inferior to both of these, because of its peculiarly depressant action on the respiration. But in mild febriculæ its probably milder action on the circulation would suggest its more extended use, especially if cardiac weakness is prominent. This point should be worked out by trial.



To relieve pain we must consider if it is in the center, end or trunk of the nerve and apply remedies that act at the affected part.

Morphine paralyzes the sensory centers, while coaltars act on the cord; so the latter are better in pains of ataxy.—Brunton.

Delphinine, on account of its diminution of reflex irritability and abolition of local sensibility, has a special field in neuralgias and painful affections of the nerves, also in various convulsive conditions. Turnbull suggested its use in neuralgias of the head and face, in which he used it mainly by local applications. But the fact that its abolition of sensation makes itself most powerfully felt upon the lower extremities would suggest that it could be used to good advantage in sciatica and other painful conditions of the lower extremities; while in neuralgias of the face aconitine would have a peculiarly selective action. It might be used either locally or internally.

It is worthy of a trial in convulsive conditions dependent upon irritability of the spinal cord; thus, it has already been shown to be useful in strychnine poisoning, and its use is suggested in choreas, tetanus and epilepsy. The eclectics use it in hysteria and this use would seem to be justified.

This remedy has also been suggested in various affections of the eyes, such as recent amaurosis, iritis, corneal opacity, capsular cataract; also in otitis and otorrhea.

Toxicology.—According to Reil (*Materia Med. der Rein. Chem. Pflanzenstoffe*) the antidotes are tannic acid, coffee and potassium iodide.

Dosage.—According to van Praag the dose for internal use is gr. 1-8 to 1-4 three or four times daily, but it may be well to commence with a smaller dose. Turnbull used 1-2 grain at a dose, but he experimented with the old mixture. Externally gr. 1 to 4 of delphinine may be used in one dram of alcohol or lard. Merck, however, gives the commencing dose as gr. 1-67, and this is large enough for trial. As the alkaloid is rapidly absorbed it may be repeated every hour until slight irritation of the bladder denotes the beginning of toxic action, beyond which it is unnecessary to push the remedy. After that a slightly smaller daily dose may be continued as long as is deemed necessary.

The writer would especially urge a trial of delphinine in chorea and in epilepsy. Here is a field where better remedies are needed, and this would seem to be indicated on rational grounds. In the leaky bladders of elderly persons of both sexes also, delphinine should prove curative.

Chicago, Illinois.



SUGGESTIONS IN MODERN THERAPEUTICS.

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PART III.

A GOOD therapist must of necessity take into consideration the tyranny of habit in its relation to therapeutics.

John Foster says: "For the great majority of things, habit is a greater plague

than ever afflicted Egypt; in religious character it is eminently a felicity. The devout man exults to feel that in aid of the simple force of the divine principle within him there has grown by time an accessional power which has almost taken



The motor part of the cord may be paralyzed by cicutine or physostigmine. Hemlock affected Socrates' legs first.—Brunton.

Stop or lessen doses of strychnine when the patient begins to show any signs of twitching in the muscles of the fingers.—Brunton.

the place of his will, and holds a firm though quiet domination through the general action of the mind. He feels this confirmed habit as the grasp of the hand of God, which will never let him go."

We know by experience and observation that thoughts, feelings and actions influence to a greater or less extent the nerve centers, causing the cells to acquire a morbid nature, and thus in the exercise of their function foreordain to a great extent what we shall feel, think and do; and, as moral manifestations, throughout life, work corresponding physical changes, it becomes evident that a steadily-acting pathological element in the physical may also produce changes upon the nerve elements of the mind.

When the brain is exercised regularly in a given manner it is apt to acquire, even during health, a strong habit of action; and when a disorder is produced by an independent cause the habit will help to overcome or aggravate its effects.

It is known to every observing physician that many diseases have a tendency to periodicity, disappearing and re-appearing at regular intervals, and it is very important that this fact be considered in the treatment of such disorders to overcome the morbid habit. Derangements of the nervous system, more frequently than any other, have a tendency to recurring exacerbations which manifest themselves daily, weekly, monthly or yearly.

This is so well pronounced that even the ancients believed that there was some mysterious connection between dementia and the phases of the moon; hence the word lunatic as applied to a certain form of insanity.



The effects of strychnine are more quickly manifested in paralyzed members than in the healthy ones of the same person.—Brunton.

Epilepsy perhaps shows the influence of habit as strikingly as any nervous disease; not infrequently epileptics who have not had convulsions for months suffer a convulsive seizure on the anniversary of their last paroxysm. Such cases must be watched immediately preceding their anniversary attack and measures taken to abort or prevent a recurrence of the malady.

The cycles of disease may not at all times be entirely pathological owing to the definite variations noted in the healthy body, or subject to the changes with the seasons of the year, time of day, etc. The most important are those which occur within a single day or night.

A day of twenty-four hours may be divided into five periods, each of these being characterized by some special condition or susceptibility of the system, with intervals partaking more or less of the preceding or succeeding period.

First: From 4 a. m. to 8 a. m., the temperature in health falls about one degree. At this time, owing to the corresponding decrease in the consumption of oxygen, the vitality in general is at its lowest ebb. At this period the first night sweats of phthisis occur. There is moreover at this time, a greater susceptibility to depressing diseases, such as yellow fever, typhoid fever, cholera, diarrhea, etc., than at any other hour.

Second: From 8 a. m. to 10 a. m. is the period, both in health and disease, of the highest vitality. Fevers now decline more or less perceptibly, the nervous system is calmest, pain less severe, and the patient more rational. This is the time to feed the invalid, but not to stimulate, as the need for stimulants is usually not pronounced. Many

With the alkaloids one knows what he is doing and how he does it; with the prescription, all is obscurity.—Bourdieu.

asthmatic patients can eat very well in the forenoon, whereas food in the afternoon would be almost sure to provoke a paroxysm.

Third: From 3 p. m. to 6 p. m. fever reaches its maximum, the highest point being attained by 4 p. m. Both inflammatory excitement and nervous irritability are at their height at this time. In phthisis the hectic now begins. This is the period for the use of antipyretic baths and packs. They should be begun during the first part of the period, between 2 or 3 o'clock. Tepid sponging and inunctions of the skin should also be practised at this time, when there is most need for their soothing effect.

Fourth: From 10 p. m. to 12 p. m. In health this is about the time for dropping to sleep, and as it is just in the interval between waking and sleeping that the wandering of the mind is more likely to occur in health, it is to be expected that in disease, delirium will first appear and be generally worse at about this time. Measures for the relief and prevention of this symptom, as the administration of a calmative, or hypnotic, should be resorted to an hour or so in advance (between 8 or 9 o'clock). The convulsions of epilepsy, also are more likely to appear at this period, therefore the proper remedies to fortify the patient against such attacks should be resorted to just before the patient retires.

Fifth: From 12 p. m. to 2 a. m. This is the period of profound slumber in health, since the vital forces are more on the ebb, and glandular secretion is diminished. This is the most common time for attacks of disease due to blood poisoning, or autotoxemia, such as paroxysms of gout, anemia, nephritis and the

vasomotor derangement dependent on anemia which often gives rise to apoplexy.

It is during this period that nightmare and dyspnea from cardiac disease is most likely to occur, the respirations during sleep being deep and labored. Weak persons are very apt to become much exhausted at this time and toward morning as may be seen in tuberculosis and other depressing diseases where the patient breaks out in profuse colloquative sweats.

This may be prevented in most instances by waking the patient at about midnight and administering a little food with some appropriate stimulant.

Aside from the various forms of periodicity to which reference has been made, any chronic diseases are likely to become in part mere perpetuations of some acute process out of which the chronic one has grown—the latter persisting even after the original cause has ceased to act. A good example of this is in the chronic ague, which persons who have lived in a malarial locality find it so difficult to get rid of, even after they have continued for months in a pure, healthful climate.

In such cases, mere exposure to cold and other depressing influences are followed by characteristic chills, differing in no respect from those which depended directly upon true malarial poisoning. Those cases can be explained only upon the principle of habit. The same may be said of many nervous disorders, but more particularly of insanity, of which a large majority of cases are due to deranged mental habits.

In one class of cases it is the imagination that has been so indulged that it



With the prescription all is obscurity; the pharmacist may mistake, the doctor order and wait; meanwhile the patient dies.—Bourdieu.

Good luck may care for itself; bad luck demands our immediate personal attention and most vigorous action.—Hutchinson.

has at last broken loose from reason and will, and is developed into one of the many forms of garrulous hallucinations. In another class of cases the mind has been dwelling entirely upon one subject or train of thought for a long time and from absent mindedness has passed to a morose, taciturn and unmanageable state—becomes a monomaniac.

The physician should make it his first and chief object to break up all old injurious habits of mind which the patient may have contracted. He should insist on a change; all the old trains of thought must be broken up, the mind must be constantly diverted by new impressions from without, suggesting new ideas, driving out the old ones by means of involuntary displacement of the old ideas through a change of scene and surroundings.

Persons suffering from almost any form of any chronic disease will derive more or less benefit from change and it will not make much difference so long as it is a change, whether from city to country or *vice versa*, attention to atmospheric conditions being necessary in pulmonary and cardiac complaints.

Whooping-cough is a specific disease which runs its course in about three weeks, but the spasmodic paroxysms persist for weeks or even months after the system is rid of the morbid virus.

When this is the case the best plan is to give the patient a change, a few weeks away from home being sufficient to effect a cure. In all these cases it is not a change of air nor any other one thing, but change of habit which is necessary.

Sleeplessness and loss of appetite will often yield entirely and rapidly to change of surroundings when all other means have failed.

The urine excreted early in the night has a soporific action; that excreted toward morning will even cause tetanus.—Brunton.

The effects of habit are also seen in their therapeutic measures. Every remedial agent ceases to have its therapeutic effect on the system if used continuously for a period of time, the length of which will differ in different instances.

One frequent and decided source of error in the treatment of disease is what might be termed "The Personal Elements of Error in Therapeutics". I pointed out many of these errors in a paper read before the Mississippi Valley Medical Association in September, 1901.

In exact sciences like mixed mathematics and chemistry, allowance is made for the personal element of error. Although therapeutics cannot be compared in exactness with these sciences, yet this element is ignored. The following factors enter into the creation of this personal element of error in therapeutics: (1) The influence of notions regarding diagnostic data; (2) the confused belief in differential diagnosis which centers on typical in place of atypical cases; (3) the confusion of diseases under a nosologic label in place of the recognition of complex symptoms; (4) the uncertain views regarding prognosis resulting from the nonrecognition of remissions; (5) the influence of the so-called reflex origin of disease; (6) the failure to recognize alternations of mental and nervous states with other physical disorders; (7) the nonrecognition of mimicry of organic disorders by neurasthenia and hysteria; (8) ignoring the environment in which therapeutic observations are made and the effect of this environment on the mentality of the physician; (9) a mental bias in favor of certain medicinal preparations; (10) the notion that it is only necessary to remove the primary cause



Caffeine prevents sleep; but when subjected to oxidation is converted from a stimulant into a narcotic substance.—Brunton.

to cure the morbid condition; (11) a false conception of the action of micro-organisms.

Diagnosis, not merely of the disease, but of the condition of the patient at the time of its onset, and the variation in symptoms influenced by the constitution of the patient, his age, and his surroundings when attacked contains an enormous element of error. This is evident in the numerous cures reported from time to time of serious constitutional disorders by remedies that in other hands prove to be totally inert. Nowhere is this so manifest as in psychiatry and neurology. Here unscientific and crude diagnosis leads to remarkable recoveries in quackish hands. Subsidence of excitement due to hallucinations and delusions is too often regarded as an expression of their disappearance through medicinal treatment. For example, the newspapers announce that paranoia has been cured by the use of a certain lymph. Paranoia is a deep-seated psychosis arising as a rule from congenital malformation of the brain or of its neurons. It may appear, however, as secondary to marked neurasthenia produced by sunstroke, traumatism, the essential fevers, and exceptionally extreme autointoxication, there being in all these cases a marked disorder or disease of the associating fibers, which cannot be removed by any medicinal agent or by any form of treatment. An error in diagnosis resulting from the tendencies of these very logical lunatics to dissimulate their delusions and hallucination for their own purposes leads the unskilled in psychiatry to assume they have recovered. On the other hand, since many imperative conceptions and obsessions are the product of paranoia, these are confused with the similar

symptoms of neurasthenia, and their disappearance is therefore regarded as a cure of paranoia.

There is often a commercial element behind these diagnoses, which are made most frequently by charlatans and sectarians, especially by the newspaper specimens. A ludicrous illustration of this occurred in a disciple of Hahnemann, who carried on for years an acrimonious discussion in a country weekly, of what he termed "allopathy." The man diagnosed more rare diseases in a small suburban town in a fortnight than Europe and America combined had seen in decades. Concerning this individual a homeopathic journal remarked: "We know all about his 'tuberculinum' and his famous 'discoveries' that antedate Pasteur's and antidote Koch's. We know all about his 'grip microbes.' We all know that he saw on the slide of his microscope, some minute air-bubbles which he named microbes. We all know that those air-bubbles had a peculiar appearance to him because of his want of familiarity with the microscope, and his want of an appliance to correct the chromatic aberration of his lens and the chronic aberration of his mind." Recently this discoverer became a rival to "Schlatter the Healer." He claimed that all his "cures" were due to spiritual influence and not to the high potencies to which he had previously attributed them. At one time his erratic career as a statistician was checked by a health board's threat of a fine for not reporting 450 cases of diphtheria which he claimed to have cured in a suburb of 1,000 population. This man was not simply mendacious, but had made a scientific use of his imagination.

Chicago, Illinois.

(To be continued.)



Besides pain and itching, irritability of the skin may prevent sleep and be quieted by a hot bath—or less covering.—Brunton.

Insomnia from overtire was relieved by nux enough to bring the patient up to being simply tired.—Brunton.

THE PASSING OF PEPSIN AS A DIRECT THERAPEUTIC AGENT.*

BY W. C. ABBOTT, M. D.

IT has not been so many years since the whole medical profession was prescribing pepsin. Tons of this substance were given every year and the rival manufacturers contributed no small percentage of the income of medical journals; but so far as we can see without going to the trouble of searching through our exchanges, there is not a single pepsin advertised to-day.

What is the matter? Is not pepsin as good a remedy as it ever was, or does fashion rule in medicine as well as elsewhere?

The fact is, we have learned to doubt the efficiency of this remedy. It is in this case an evidence of the progress which has been made in the medical world, that pepsin has fallen into disuse. We look for something more in the treatment of the indigestions than simply forcibly digesting a lot of food which our patient is unable to digest for himself. Here then is "the meat in the cocoanut."

The doses of pepsin as universally given were far too small to exert any real digestive power in themselves. The benefit which undoubtedly followed the use of pepsin in ordinary doses was, however, we believe, genuine. In many instances the digestive system has become too weak to institute the digestive process, but if by the aid of an effective dose of pepsin and hydrochloric acid (or in certain cases by one of the vegetable ferments) digestion is once

commenced, the gastric glands, thus encouraged, will begin to secrete and the process will be carried on to completion.

In this way a dose of artificial digestant, which is in itself insufficient to digest more than a few grains of albumen, will in properly-selected cases, induce the digestion of many times this quantity.

But the profession has gone on beyond the question of imperfect digestion, to that of why the digestion is imperfect. It has also gone on beyond the old explanation of impoverished blood, to that of poisoned blood. After the most strenuous opposition for at least a quarter of a century, after having been laughed out of court and elaborately demolished by argument based on mistaken premises, the doctrine of auto-toxemia is now every day winning wider acceptance, and the realization of its true meaning; and the universality of its application, are at last dawning upon the medical profession. Again has been demonstrated the fact that a truth will live in spite of opposition, that it cannot always be smothered even under the weight of "authority."

For a quarter of a century, led by Waugh, we have been fighting for the establishment of this principle and at last the profession begins to see it. It is a singular thing, and one of the unaccountable vagaries of human thought and public belief, that the profession which is so thoroughly aware of the dangers arising from an infinitesimal quantity of poison emanating from de-

*In my next article I will discuss the general principles of intestinal autotoxemia and later, results, treatment, etc.—Ed.



In the world of moral forces, which are greatest, the positive, noble, sunshiny, or the fierce, narrow, crouching impulses.—W. H.

When paralytics take strychnine the twitchings that mark the beginning of physiologic action are stronger in the paralyzed parts.

composing fecal matter and contaminating the air, should require dynamite to blow open its eyelids until it could see the danger resulting from the retention in the human body of pounds of this most dangerous material. From our present standpoint it seems so self-evident, that such blindness is unaccountable.

Take any person who is in ordinary health, not subject to any special disease so far as known, and yet the retention of fecal matter in his alimentary canal, beyond the normal period, must result in reabsorption of the elements of its decomposition. Hence, arise a multitude of minor ailments, the little discomforts which take away the pleasure of living; which take away the vim and energy of real living; which dim the light of the sun, and replace the joyous abounding optimism of youth and health, by the dull pessimistic melancholy that views all things sublunary through a yellow mist of biliousness. For we now know that biliousness is nothing but autotoxemia, a good dose of physic followed by 20 grains of the sulphocarbo-lates in a pint of hot water being a sure cure for the worst case of genuine "blues" that ever was.

Take the patient when affected with fever, when the antiseptic digestive fluids are dried up; the increased heat stimulates microbic action and decomposition in the alimentary canal, and the increased radiation from the skin condenses the blood and increases the absorption of fluids from the bowel. We believe, and experience justifies the belief, that at least thirty per cent of the sum total of the morbid phenomena of febrile disease is not due to the fever *per se*, but to the autotoxemia attending it.



The horrible dread of unknown evil hangs like a thick cloud over savage life and embitters every pleasure.—Lubbock.

This is a conservative estimate. In many cases the proportion is far more than this. The second proposition we have derived from this one, is that it must be a mighty poor sort of a doctor who could not carry his patient safely through a fever, when by the application of this one therapeutic principle, he had reduced the symptoms one-third. There are very few cases indeed in which this one measure will not place the patient above the danger line.

Looking back at the objections which have been raised to the theory, they seem really too paltry to deserve mention. The principal one is that it is impossible to render the alimentary canal aseptic. Well, who wants to render it aseptic? You can't render the skin aseptic, but would you for that reason throw overboard all the advantages of surgical technique resulting from the labors of Lister? Sweep away, out of the patient's body, the dirt you can see and smell; disinfect what you can't sweep out, and what is left need not worry you.

That the theory of autotoxemia, and the use of intestinal antiseptics have not died the death of many another medical theory, may be set down to the credit of the obstinate refusal of the American physician, the general practitioner, the splendid country doctor, to be led by the nose. He has mulishly insisted that he had very good eyes of his own, and what they saw, he saw! and a very good thinker of his own, and its deductions were good enough for him! It is to the native independence of this much-abused class of our profession, that the world today owes the rescue of this first great principle in modern therapeutics.

Chicago, Illinois.

The dominant idea in the savage conception of nature is a distinctly unfriendly, if not actually spiteful, one.—Hutchinson.

NON-SURGICAL TREATMENT OF THE DISEASES OF WOMEN.

BY CURRAN POPE, M. D.

President Louisville Neurological Society; Consulting Neurologist to the Louisville City Hospital; former Professor of Diseases of the Mind and Nervous System, and Electrotherapeutics, Louisville Medical College.

NO matter how meritorious a discovery may be, no matter how easily demonstrable its results, there is always a certain class who cannot or will not comprehend its value. Barring the simpler medicinal local applications, non-surgical measures have been most reluctantly acknowledged and in some instances wholly and completely condemned, and nowhere in the broad domain of medicine has the surgeon claimed such brilliant achievements as in surgical work upon the female pelvic organs. In many instances this claim is worth the most generous acknowledgment and I wish to here pay tribute to some of the conservative and satisfactory work the gynecological surgeon has done.

Removal of the pelvic organs is often necessary, but it is certainly a frank and full confession of the total failure of the more conservative methods for relief and cure. Even when this is done successfully, that is to say, when the patient has passed through the dangers attendant upon the administration of chloroform or ether; has successfully withstood the immediate shock and strain of the operative work and healing has taken place frequently, we find that much is still to be desired, for while the woman may be *surgically* well she is far from being *medically* restored to health.

On this platform, then, the surgeon and the physician meet, but too often the patient is promised health and strength and nerve force as a result of surgical interference, later to find that she is

far from being in the condition that the most casual layman would denominate health. A large number of these cases should never be submitted to the surgeon's knife, but should utilize remedies essentially non-surgical in character, and which, while slower and less brilliant in their immediate effects, are nevertheless more certain and satisfactory in their results.

My observation has led me to believe that the opponents of non-surgical measures, and especially to electro-gynecology, have been among those who have really never taken the time, nor trouble to become past grandmasters in this field. Were these men placed upon the witness stand and called upon to give testimony as to the value of the majority of these remedies, their responses would be rejected by the court on the ground that no one should have the right to testify to a fact who was not thoroughly qualified by education, knowledge and experience to express an opinion upon the subject matter in hand, and for this reason the testimony adduced would be of no value whatsoever.

The first essential necessary for the scientific and proper application of non-surgical procedure in these cases is a thorough comprehension of the various treatments. This cannot be acquired altogether by simply perusing some of the little booklets sent out by more or less unscrupulous manufacturers, but should be obtained from standard writings or by instruction from those who have had



In strychnine poisoning paralyze reflexes first with chloroform or chloral before introducing the stomach tube.—Brunton.

Anesthesia was once produced by raising the patient's head so suddenly as to make him faint.—Brunton.

long experience and good judgment in this particular field of work. Having acquired by reading, study and actual clinical experience the knowledge necessary to the pursuit of this special line of work, the next necessary essential is a proper and complete equipment. I use the word, complete, advisedly, for I mean by this, all treatments and all necessary accessories that will enable the therapist to select that particular line of treatment that is adapted to the particular case in hand and to have such applications as will enable him to administer it in the best manner, which in the end is the only proper way.

For the complete treatment of this class of cases it is essential that the physician have access to the various forms of electrical treatment; galvanic, faradic, sinusoidal, static and high-frequency. As will be shown in this course of articles much good and an essential feature will be the administration of hydrotherapy, massage and mechanical vibration, and to that end the therapist should be equipped in such a way that he can administer to these cases all the treatments above enumerated. Speaking in general terms it may be said that the electrical treatment will divide itself into applications having for their aim local treatment, and others having for their aim general tonic and sedative influences. The applications of massage, vibration and hydrotherapy may be utilized for certain local applications but their influence is general, tonic, sedative, eliminant and reconstructive. I am of the opinion that electrotherapy will cure more cases of functional pain, functional neuroses of the pelvis, congestions, inflammation, hemorrhage, amenorrhea, ver-

sions, flexions, prolapse, small lacerations, atonic states, and general reflected pains, associated with suffering woman-kind than any other known remedial measure now putting forth its claims before the medical and surgical profession.

That we may successfully apply the various forms of treatment no money should be spared to purchase the very best of apparatus. I use a forty-cell galvanic battery with large Le Clanche cells, placed in a large office cabinet. The switchboard should be provided with a special circular arrangement of buttons, each button representing one of the forty cells. These are connected with a current selector, the best of which is, in my opinion, made by Waite and Bartlett and so arranged that the selector sets upon each button and can be turned at the end to slide with good contact from button to button. A good rheostat and milliamperemeter are absolutely essential. My preference is for a graphite rheostat, of the type first originated by Dr. Massey. A convenient and needful feature is a "pole changer," by means of which the operator can rapidly and satisfactorily reverse the polarity and direction of his current. In all office cabinets the galvanic and faradic currents are combined in the same piece of apparatus, although distinctly separated on the switchboard.

The faradic current should be energized by four very large cells and provided with not less than four coils. My preference being for those of the Engleman type, composed of wire No. 15-21-32-36, the last two so arranged that different lengths of wire in the winding is easily obtained by a switch on the end of the coil. With the two currents on the

Waller produced anesthesia by compressing the patient's carotids until cerebral anemia induced fainting.

Bromides dull the brain uniformly throughout; replacing sodium chloride they slow the chemical processes.—Brunton.



switchboard a "current changer" is essential, as the operator can, at will, secure either the galvanic or faradic, or by special working, the "mixed" galvanic and faradic currents, which treatment, however, is rarely used in gynecological work. Cords should not be less than six feet long with metal tips securely binding the ends. My preference is for a tip that has a screw cap to which the cord is soldered and which screws into the tip portion itself. The value of different colored cords is to enable one to quickly differentiate the pole in use. When not in use cords should be *loosely* rolled, never tight, so that the fine wires contained in them may remain unbroken.

Electrodes are of many shapes and kinds and their uses will be considered under the different diseases. I prefer a good office table, and use the Allison. A sinusoidal apparatus should be purchased from reputable manufacturers and the same may be said of the static machine. Of the latter I am of the opinion that 12 to 14 revolving plates, 28 to 30 inches in diameter, is the minimum. The advantage of this size static becomes at once apparent to those who are familiar with this form of treatment. With it we can do excellent x-ray and radiographic work; give all kinds of static treatment; and energize our high-frequency apparatus, thus doing away with the necessity of the purchase of a coil. It may be finally said that it is essential and necessary to keep all electrical apparatus and electrodes scrupulously clean, bright and well polished; to see that all contacts are closely and firmly made and to test all apparatus before use upon the patient. This is elemental, but it is a secure foundation against profanity, "ill luck" and failure. Some of the most ludicrous

experiences of my professional career have been brought about by a failure to meet the simple conditions contained in the above sentence, notably in one case where a brother physician endeavored to give a treatment, but who had failed to connect the wires with the battery.

Of all the mistakes that the therapist can make, none is more heinous than the restriction of his vision to the pelvic organs. Moral, mental and physical conditions arise from disorders here and one can truly say that no one factor is so largely influential in the production, maintenance and regulation of the functions of the pelvic organs than the nervous system, both sympathetic, from the "abdominal brain" and cerebrospinal nerve systems, the relation being direct, active and influential. It is for this reason that a most careful general diagnosis should be made of the hemic and circulatory condition; of the digestive and functional activities of stomach and intestines; of the elimination from the kidney and the general psychic neural condition of the patient. When we are in possession of *all the factors* that enter into the consideration of these cases, we are then in a position to sit down and carefully map out a line of treatment that will in all likelihood bring about satisfactory results in the shortest space of time.

Louisville, Kentucky.

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The CLINIC is heartily in sympathy with every effort to make the doctor a better doctor. There is no doubt that many gynecological cases may be cured by the general practitioner who understands them and uses the means at his disposal. Doctor, *learn to cure them*. Dr. Pope has ideas that will help you.—Ed.



We may induce sleep by lessening the flow of blood to the brain or by lessening functional activity of brain-cells.—Brunton.

Dilatation of cutaneous capillaries or abdominal vascular areas induce relative cerebral anemia and favor sleep.—Brunton.

WHITE-LEAD POISONING.

BY MORRIS B. RICE, B. S., M. D.

AS a rule, white-lead subjects come under the care of certain practitioners who are employed by the white-lead company to treat their men, a certain amount being deducted each month from the wages of the employes to defray that expense. When an occasional "lead case" falls into the hands of the general practitioner it is generally likely to catch him "off his guard," and he may be more or less puzzled about how to begin the battle, as some cases may present deceptive symptoms, while others may give needless alarm.

I desire to emphasize the fact that there is a vast difference between the ordinary "painter's colic" and the poisoning incurred by those who work in white-lead factories. The former is brought on by inhalation, while the latter, which is far more serious in every respect, is produced both by inhalation and absorption of fine lead dust; the suffering of the patient is also much greater. White-lead poisoning manifests itself in one of the three following forms:

1. It may attack the stomach and confine all of its mischief to that domain (this is the most frequent form).

2. It may be absorbed by the blood and degenerate that precious fluid.

3. It may attack the nerves and the brain, frequently producing temporary insanity.

Rarely a case will exhibit two of the above forms at the same time. In the first form we have to contend with a seriously deranged stomach, a torpid liver and pain. In the second form we have anemia, general debility, de-

pression (often very great) and biliousness.

In the third form we have to deal with neurasthenia, brain weakness, biliousness and all the unpleasant sequelæ attendant upon wrecked nerves, complicated with more or less cerebral weakness.

From the above it may be inferred that diagnosis may be either easy or obscure and so it may, much depending on condition and circumstances. You will note that biliousness (and usually constipation also) is characteristic.

In the first form the prognosis is usually good, except in patients who have been "leaded" many times. In the second and third forms the prognosis is generally doubtful though the patient frequently lingers in an enervated condition for several years.

When lead poisoning is suspected, two things must be remembered: first, that lead poisoning occurs only in persons using or handling white-lead, and occasionally in persons living in the immediate vicinity of white-lead factories: second, that the gums of almost all patients will exhibit a faint green tint. This is almost a positive diagnostic sign.

For the first form, the following method of treatment became "routine" and was so uniformly successful that I never thought of any other treatment:

First, relieve the pain with morphine hypodermically, using at the first injection as much as you think your patient will safely stand. Repeat the dose if necessary and if the morphine is too slow give a little chloroform to hasten its action. In some cases the pain is extreme, and the wail of the sufferer may

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Warm food at bedtime induces sleep; hot food excites the circulation and prevents sleep. Cold compresses best.—Brunton.

Chloral lessens cerebral excitability, dilates blood-vessels and somewhat lowers heart-action; all favor sleep.—Brunton.

be heard a block away; in other cases it may be only moderate. Occasionally a case is encountered which will not respond to any form of anodyne. In cases where the pain is not very severe it is advisable to omit the anodyne.

After giving treatment for the pain, give a moderate dose of some simple emetic, as warm salt water or mustard. *Never give zinc sulphate to lead patients;* it will generally aggravate the symptoms and prolong the stomach pains.

After vomiting has ceased give podophyllin, $\frac{1}{2}$ grain, ipecac $\frac{1}{2}$ grain, every hour until six doses have been given; two hours after last dose of podophyllin and ipecac has been taken give a saline laxative. If the patient's bowels have not moved for twenty-four hours previous to the lead attack it is best to flush out the bowels with warm soap water before commencing treatment. After the bowels have been moved from the effects of the laxative, give podophyllin, $\frac{1}{2}$ grain, ext. nux vomica, $\frac{1}{4}$ grain, every two hours until twelve doses have been taken; and give a saline laxative every second morning unless the bowels are moving too freely.

On the third day, or at the end of thirty-six hours, put the patient on the following: strychnine, 1-60 grain, quassin, 1-10 grain, four times daily. Watch the liver and do not allow the patient to become constipated. In the meantime see that the patient gets plenty of thoroughly cooked and nutritious food, such as milk, eggs, lean meats and legumes; avoid potatoes, cabbage, kraut, turnips and things of that nature. During the first two days of the attack, no food should be allowed except milk and milk-toast. Apples, grapes and oranges are beneficial.



In debility and atony heart tonics favor sleep by contracting vessels and preventing excess of blood in brain; raise head.—Brunton.

In four to six days in ordinary cases, the patient will be able to leave his bed, but should not be permitted to return to work for at least two weeks.

In the second phase of white-lead poisoning the onset is insidious and the unfortunate victim is tight in its grip before he is aware of it. The skin is pale or shallow, the patient feels depressed nearly all the time and is disposed to sleep at every opportunity, the heart action is weak and slow, and the blood is thin and watery; the patient is dull and without energy, appetite poor, liver and bowels inactive. In this form of the malady the base of the trouble is in the weak and impoverished blood; if you succeed in eliminating the poison and regenerating the blood the rest will be easy sailing. The first thing to do is to clean out the intestinal tract and keep it clean and keep the bowels soluble and moving freely throughout the course of treatment. For this purpose salol and podophyllin three times daily, and a saline laxative before breakfast act well. The principal medication in these cases is a first-class tonic, and the writer has been most successful with the triple arsenates. The patient should have plenty of blood-making food and ripe fruit, especially apples, grapes and oranges; and must by all means cease to work in white lead, or treatment is useless.

The third form of white-lead poisoning is frequently quite alarming in character, but the prognosis is usually better than in the second form. In these cases we usually find a dry skin, frequent headaches, pain in the legs and along the spine, and most of the symptoms characteristic of neurasthenia, a torpid liver, and in some cases a "run-away heart;"

In arteriosclerosis contraction lessens and too much blood prevents sleep; bromide and iodide large doses, relieve.—Brunton.

besides these, some patients are subject to attacks of violent mania, which usually come suddenly and without warning. This form of white-lead poisoning inclines to epilepsy.

Treatment for this form consists in "clearing out" the patient and in rebuilding the wrecked nerves—and *guarding the heart when necessary*. For the nerves, bromides and hypophosphites have served me well. When indications of epilepsy appear, nickel bromide should be given in conjunction with the above. Orange juice in large quantity daily is especially beneficial in this form as it acts as a nerve tonic and sedative.

Absolute rest and quiet must be insisted on; only the best of food thoroughly cooked should be given. Fat meats are best in this form of the malady. Remember that malnutrition and biliousness are always present in all forms of white-lead poisoning; and in many cases a treacherous heart also.

As I pen these lines one scene comes back to me with vivid recollection: I was summoned post haste one evening to see a Mr. L., who lived about six blocks away. When I arrived at the house I found four of his companions, big strong fellows, holding the raving patient on the bed by main strength; his face was flushed and eyes glaring and the pupils considerably dilated. So far as I could discern the heart was going at a furious rate. The patient struggled and cursed violently and of course medication by the mouth was out of the question. As I leaned over the bed to make a hasty examination the patient attempted to spit in my face several times.

After some trouble I managed to give an injection of hyoscine; then I attempt-

ed to give a little chloroform, and as I had the container over the nose the maniacal patient suddenly jerked one of his hands loose and grabbed my wrist with the grip of an iron vise, and I did not get free until a bystander came to my assistance. As soon as I was free I again took up the container and succeeded in giving him a good long whiff of chloroform, and in a little while he was in a sound sleep. After a seven hours' sleep he awoke and was rational but greatly exhausted, as I naturally expected he would be. I put him on my regular treatment as outlined here and in three weeks he resumed work, though contrary to my advice.

This man was attacked suddenly with mania while on a street car returning from work and knocked down and painfully injured a lady passenger and smashed several of the car windows before being overpowered by several of his fellow workmen.

This brief sketch is written with the hope that it may prove helpful or suggestive to some brother practitioner whose experience with white-lead poisoning has been limited.

Udall, Missouri

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We are all, I am sure, indebted to Dr. Rice for his excellent description of acute lead poisoning. This condition is by no means as unusual as some of us may think. While these severe types are usually found in their greatest perfection among workers in lead, occasional cases develop in almost every community. Painters and printers are peculiarly liable to these attacks, and it is a good thing to keep this in mind when called upon to



Sulphonal has little action on circulation but much on the brain-cells; one of our best narcotics.—Brunton.

Other drugs induce sleep if no powerful stimulus keeps brain-cells active; but morphine compels sleep.—Brunton.

treat a man in one of these occupations, in any acute illness.

Chronic lead poisoning is another story. Why it is that it causes changes

so closely analogous to those of gout, it is hard to say—unless we accept the theories of Haig. But the subject is worth another chapter.—ED.



BRIEFS ON GENITOURINARY SURGERY.

MINOR PATHOLOGIC CONDITIONS OF THE PENILE INTEGUMENT.

(PART II.)

BY G. FRANK LYDSTON, M. D.

Professor of Genito-Urinary Surgery and Syphilology, University of the State of Illinois; Attending Surgeon, St. Mary's and Samaritan Hospitals.

HERPES PROGENITALIS.

THIS is a most important, though relatively harmless, disease. It is important chiefly from its frequent occurrence, the moderate amount of local irritation it sometimes produces, its demoralizing effect upon the mind of the patient, and its liability to be mistaken for other disease. It consists of a development of small vesicles filled with watery, sometimes seropurulent fluid upon the skin or mucous membrane of the genitals. It is rarely seen in the female, although in Hebra's atlas there is an excellent representation of the disease in a woman. According to Unna, the disease is not so very infrequent in women, and Duhring claims he has never seen it in women. It is possible, as Unna says, that women are just as susceptible to herpes as men, and that females are not immune, but, if so, its apparent rarity must be due to the protected situation of the lesions which prevents discovery.

According to Legendre, Fournier, and Bruno, the coincidence of an herpetic eruption with menstruation is not infrequent. In some women it develops shortly before every menstrual epoch. In my own experience I have met with a num-

ber of cases of which the following is a type: A lady who suffers from a crop of herpetic vesicles and ulcerations about the inferior commissure of the vulva at every period of menstruation. These are very annoying from pain and smarting, the act of urination being very distressing. With some attacks there occurs marked edema of the genitals. An interesting case of herpes apparently dependent upon menstruation came under my observation in which the eruption, instead of being located upon the genitals, appears between the fingers. It comes on a few days prior to menstruation, and lasts for a day or two after its cessation. During this time considerable neuralgic pain in the arm and hand is complained of. I have seen one case in which herpes progenitalis repeatedly occurred with pregnancy, and at no other time.

The diagnosis of herpes progenitalis in uncomplicated cases of the affection is comparatively easy. There is usually a history of recurrent crops of vesicles and minute ulcerations, perhaps independently of sexual intercourse. In the larger proportion of cases there is no definite relation to any particular act of inter-



Combinations of hypnotics like morphine and chloral will often induce sleep where ether alone would fail.—Brunton.

Paralysis Agitans:—Hyoscine gr. 1-500 to 1-250 alone gives relief and the doses need not be increased.—Brunton.

course; even when due to irritating materials deposited upon the mucous membrane during uncleanly intercourse the affection comes on at a variable interval thereafter, in some instances the eruption appearing within a day or two, in others not for several weeks.

The cause of herpes progenitalis is usually said to consist of local irritation, but it would seem probable that a great majority of cases depend upon a neurosis. In this the disease strongly resembles herpes zoster. Some patients of a highly irritable, nervous temperament, readily subject to nervous depression, and perhaps suffering from more or less general debility, are affected at frequent intervals by successive attacks of herpes of the genitals. Malarial infection may produce herpes progenitalis, as well as other forms. Unna is inclined to regard herpes progenitalis as rudimentary herpes zoster, and calls attention to the limitation of herpes zoster and herpes progenitalis to equal peripheral points of nerve distribution. In some cases herpes progenitalis is apparently due to disturbance of the parts incidental to pregnancy and menstruation in the female. Uncleanliness, decomposing secretions, hot weather, obesity, forcible attempts at intercourse, impeded erection due to redundant prepuce, excessive venery, and masturbation are all capable of causing excessive congestion of the genital organs, which I believe to be the essential condition upon which herpes progenitalis depends. Imperfect or perverted sexual hygiene is peculiarly liable to give rise to more or less congestion of the genitalia, with attendant disturbance of the delicate nerves supplied to these parts. That this condition of affairs may give rise to trophic changes in the mucous membrane and

skin, as evidenced by the occurrence primarily of vesicles and secondarily of ulceration, is highly probable.

There has been, so far as I am aware, no mention made by writers of the possible causal relation of syphilis to herpes progenitalis. Many cases, however, seem to be directly dependent upon the syphilitic cachexia. Syphilitic patients return, from time to time, with apparently typical crops of herpes upon the genitalia. These cases are usually obstinate to all local measures, excepting the application of mercurials. I attribute the herpes in such cases to several causes:

1. (In some cases.) Local irritability incidental to the chancre or mixed sore that originally initiated the patient in his venereal experience.

2. Disturbed innervation and consequent trophic changes—incidental to the effects of the syphilitic infection, excessive medication (with less mercury especially), and mental worry upon the sympathetic system.

Herpes progenitalis rarely affects the integument of the penis, scrotum, and thighs, being limited usually to the glans. Unna states that the eruption almost invariably corresponds with the course of the ramus dorsalis penis: a branch of the pudic nerve. I, however, have not noted any regularity of distribution of the herpetic vesicles. Cases limited to the skin of the organ are sometimes observed.

The pain of herpes progenitalis is usually insignificant. If, however, urine be brought in contact with the little ulcerations left after the rupture of the vesicles, the part becomes exceedingly tender and much burning and smarting are complained of. The disease may develop just at the borders of the meatus



Frederick Stearns & Co. of Detroit, have just celebrated their golden jubilee, after 50 years' honorable and successful business.

A bill requiring the percentage of alcohol to be stated on the labels of patents passed the Massachusetts House but failed in the Senate.

urinarius, and occasionally just within it. In one of my cases a row of some half-dozen small herpetic vesicles develops upon the right side of the meatus from time to time, while in another there is an occasional development of herpetic spots just inside the orifice. In these cases there is considerable pain and smarting during urination, and the disease seems to develop coincidently with nervous depression.

The diseases for which herpes is most likely to be mistaken are chancre and chancroid. There is, of course, no difficulty in the differential diagnosis of herpes from typic chancre and chancroid when these are fully developed, but in their incipency mistakes may be made. Fortunately, however, a few days' study of the case will generally clear up the diagnosis.

Chancroid often begins as a small herpeticiform vesicle or perhaps a group of vesicles or ulcers. This is probably because the chancroidal or other irritating germ inoculated during intercourse produces primarily herpes, by simple irritation, chancroid afterward developing at the site of the herpetic lesions. The same explanation holds good in some cases of hard chancre. The so-called "herpeticiform chancre" is probably explicable in this way. Unna has noticed a form of initial sore that is probably herpeticiform chancre. According to him, chancres in the male may occur on the inner surface of the prepuce which are benign in appearance and slowly involve the surrounding tissues, resembling, at first sight herpetic erosions. These are chancres involving Tyson's glands, which develop as slight epithelial proliferations in small contiguous groups of sebaceous glands. The

round follicular openings are eroded, abnormally patulous, and acutely hyperemic, resembling an herpetic erosion. The typic herpetic course being followed, slight induration becomes manifest, succeeded by disintegration and confluent, rapidly-spreading ulceration, resembling soft chancre. These exceptional cases may lead to an unjustly favorable prognosis.

In cases in which true syphilis follows an apparently herpeticiform lesion of the genitalia there will probably always be found upon close inspection, if the case be carefully watched from day to day, a certain degree of chancrous induration. An important source of error in the diagnosis and prognosis of certain atypic genital lesions is that physicians do not watch their cases with sufficient care, and are prone to give a dogmatic opinion without considering the many sources of confusion. If these cases were more carefully studied, it is highly probable that many of those cases of syphilis which have apparently followed simple, non-indurated lesions of an herpetic, simple ulcerative, or chancroidic character would be found to have been preceded by induration that developed after the simple sore had apparently healed, when the patient's attention was no longer directed to the local difficulty. Again, as will be seen in connection with the diagnosis of syphilis, induration may be transitory and thus escape attention unless the lesion be studied with extreme care from day to day.

When herpetic ulcerations become inflamed, they may closely resemble true chancroid. Indeed, under certain circumstances herpetic and balanitic ulcers, or, for that matter, ulcerations of any sort whatsoever, may become trans-



Boston druggists complain that fines of \$100 and more are too high for selling drugs below standard. How about customers?

Out of 66 drugs examined in Massachusetts 43 proved to be of standard quality. Castor oil contained cotton seed oil, 50 per cent.

formed into the physical characters of a mild type of chancroid. This statement is made with due appreciation of the wide clinical differences between typic herpes and typic chancroid. Referring to the possibility of superadded infection in herpes, a word of caution is necessary. A positive opinion should never be passed upon the character of herpes progenitalis, or, indeed, of any apparently non-specific lesion of the genitalia in cases in which there has been a more or less recent suspicious exposure. The patient should be made to understand the possibility of a syphilitic or chancroidal infection, which has not yet developed, and which there are no means of detecting prior to the appearance of the specific sore.

Treatment:—The treatment of herpes progenitalis is, in the majority of instances, simple and successful, but the disease is sometimes very obstinate. Mild dusting powders or astringent washes are usually sufficient. A most efficient powder is the stearate of zinc. Calomel, oxide or oleate of zinc, subnitrate or subcarbonate of bismuth, and lycopodium, singly or in various combinations, are all useful. A mildly astringent wash of iodide of zinc, 5 or 10 grains to the ounce, or alum, in a strength of 20 or 30 grains

to the ounce, may be used as a lotion. It may become necessary to touch the herpetic spots with nitrate of silver. When the lesions are very painful morphine or cocaine may be added to the dusting powder. The essential point in the treatment is to keep the parts clean and dry. In some instances circumcision is advisable. In many cases, constitutional measures are necessary. Tonics, such as quinine, iron, and strychnine, and, where there is much nervous irritability, bromide of potassium, are indicated. In some chronic cases arsenic will be found useful.

In the cases of menstrual herpes that I have seen, the bromides, with very small doses of ergot for a week or ten days prior to menstruation, have proved of some benefit, although the patient is by no means cured. In some cases of genital herpes in the male the occasional passage of a sound will prove beneficial by relieving nervous irritability, congestion, and sexual excitability. In a general way the sound may be said to improve the tone of the genital organs. Some obstinate cases are apparently cured by matrimony. A few cases will appear absolutely resistant to treatment, yet may, at any time, recover spontaneously.

Chicago, Illinois.

THE TREATMENT OF EPIDEMIC CEREBROSPINAL MENINGITIS.

BY GEO. H. CANDLER, M. D.

THE present prevalence of epidemic cerebrospinal meningitis in the East is serving as an object lesson to the profession, and the terrible death-roll confirms the impression that here, again, we have a disorder, most serious in character, for which we have no generally-accepted and effective treatment.

Epidemics of this disease are not so rare as to render it difficult to obtain data as to its etiology or pathology; indeed we are more than fairly well versed in this regard.

We know that the disease is likely to make its worst inroads where there is overcrowding, squalor and communal

Maine is getting after its druggists so hotly that they are surrendering their U. S. retail liquor dealers' stamps.

During waking, products of tissue waste accumulate and act as narcotics; in sleep, stimulant reduction-products form.—Brunton.

disregard of even the crudest hygienic measures. Into such territory the disease marches with flying banners and it is among the sickly, strumous and anemic denizens thereof, that it reaps its richest harvest.

In spring, when the collected debris of winter is exposed to atmospheric influence, when decomposed particles of every conceivable kind of filth are carried in mud and rain or blown by the March winds into every inhabited place, the "spotted fever" epidemic may be looked for. In fall, when again streets, alleys and gutters reek with toxic material, when germ life flourishes in the sickly heat and humanity wilts, debilitated by the long months of high temperature, we may also expect to hear of cerebrospinal meningitis.

For the simple reason that we have not yet been able to put our finger upon the exact "gate of entry" by which the system is invaded, the disorder is looked upon with more horror than is accorded to smallpox; and physician and layman alike are prone to consider the victim of "spotted fever" as practically doomed.

True, the disease is an appalling one—terrible in its fierce onset and relentless in the fury of its course. There is little or no warning in the severer cases; the man who hale and hearty attended to his business yesterday, may be buried day after tomorrow. And perhaps an even more unpleasant feature is the tendency of the disease to select little children and weakly young men and women for its victims. It is hardly too much to say that the adult individual possessed of a normal resistance, with mucosa inviolate and normal bloodstream is practically safe from attack.



Uncomfortable dreams may be lessened by taking bromides which quiet down the cerebral hemispheres even during sleep.—Brunton.

Pathologists have told us that the *diplococcus intracellularis* of Weichselbaum is almost invariably present in the body fluids of the victim of cerebrospinal meningitis; the pneumococcus is also said to be capable of producing the disease, and perhaps there may be some other organism equally inimical under the proper conditions. This much is certain, the invasion is thorough and the systemic toxemia profound. It has been stated that the microorganism gains access by way of the nasal passages and the cribriform plate, but whether this is or is not correct, the fact remains that the invasion is almost instantaneous, in most cases, there being practically neither incubation period nor prodromata. The patient suddenly finds himself afflicted with a severe occipital headache, shivering fits, vomiting and pyrexia. Almost at once pain and tenderness along the spine and muscles of the neck are felt, and in a few hours the neck and back become rigid. Opisthotonos may be marked and delirium appears within twenty-four hours. The picture is one not likely to be mistaken for anything else, and the extreme suddenness and violence of the onset makes it a difficult matter to initiate successful treatment. The purpura, erythema, herpes labialis or other eruptions are but added evidence of the overwhelming toxemia, and as we are aware, in the malignant type death may result in a few hours—and does occur even in the less violent form in a few days.

We have to confess that anything we may do must be done at once. Moreover the remedial measure must be of a pronounced character and calculated to rapidly render the system inimical to germ propagation. There is no time to

It is during youth that the jolly part of life comes. Alcohol anesthetizes past and present misery and so men drink.—Brunton.

"try" remedies, no opportunity to change treatment: if we are to do anything at all *it must be the right thing*—and even that must be done thoroughly and as early as may be.

It is with this view alone of urging a definite and effective treatment that the writer has approached the subject, for the literature along other lines is amply sufficient. It may aid however the reader to promptly recognize the disease if we add to the above a concise list of symptoms. The initial pain is almost always occipital; shivering, vomiting and rapidly-increasing pyrexia are early symptoms. The patient complains bitterly of the pain in his neck, back and head, and the stiffness is marked. Even thus early the doctor will find Kernig's sign present and will note a tendency upon the part of the patient to rest with the legs drawn up. Restlessness is pronounced and the patient either rolls his head or keeps it stiffly backward. The skin is usually hypersensitive and light and sounds are alike intolerable. There may be a pronounced squint and eye or ear pains may be complained of. The temperature is high and usually rises steadily. There is an intermittent form in which the symptoms subside every day or two, only to recur, but this is not common. The milder forms of the disease may come on with the most severe symptoms, and it is impossible at first to say that any one case has a better prognosis than another. Pneumonia and bronchopneumonia may complicate matters.

If the patient is alive and not materially worse at the end of a week there is a chance for him; for the average case ends fatally within that time. Convalescence is slow and sequelæ numerous.

The text-books and current literature deal with all these subjects, however, thoroughly.

Having a case of epidemic cerebro-spinal meningitis to deal with, what shall we do to save the patient? That is the main thing. We have to destroy as speedily as may be the diplococci present and neutralize their toxins; prevent their further propagation, reduce hyperpyrexia, relieve engorgement and effusion by elimination while stimulating phagocytic action and supporting the vital forces and reconstructive metabolism. If we can do this we are safe but every hour is of moment and "heroic steps" if taken at all must be taken at once.

The patient should have the lumbar region sterilized and with an aspirating needle at least 25 Cc. of the cerebro-spinal fluid should be withdrawn; the syringe should be unscrewed and a 1-100 solution of lysol slowly injected, 10 to 12 Cc. being used. The procedure may be repeated in six hours if the case does not show signs of improvement. The Dublin and Lisbon epidemics proved quite conclusively that this procedure, when carried out early, was more effective than any other. The patient should now be saturated with calcium sulphide, gr. 1-3 being given in solution every fifteen minutes. Calomel, gr. 1-3, with podophyllin and leptandrin gr. 1-6 each should be exhibited at half hourly intervals till six doses have been taken, and, one hour after the last dose, a full dose of magnesium sulphate should be given in very hot water. Repeat this till free stools and diuresis are produced.

At the time of making the lumbar puncture a full enema of some active antiseptic should be given and the patient



When the os is rigid and opens slowly, pains exhausting woman uselessly, give a full dose of morphine to secure sleep.

A full dose of morphine at beginning of tedious labor saves the woman's strength while the labor progresses as if awake.

immediately afterwards placed in the cold pack. All medicines for the first few hours should be given while he remains therein. *Positive elimination* means everything, and it is essential that it be not alone positive, but *general*. The mouth, nares and fauces must be washed and sprayed with some non-toxic antiseptic solution and the heat of the body must be kept down by external applications as well as internal medication.

Two degrees difference in the body temperature for an hour or two may mean much when germ propagation is going on. Too little attention has been paid to this part of the subject. That we may increase the internal temperature by chilling the exterior is true, but we can control that also by proper means. Early, aconitine should be pushed "to effect," then dropped for gelseminine, which must be given in sufficient dosage to produce relaxation and drooping of the eyelids. With the bowel flushed, an antiseptic solution injected into the spinal canal, the system rapidly being saturated with sulphureted hydrogen, and the whole emunctories forced to full activity, there is some chance for the aconitine and gelseminine to produce their proper physiologic effect.

Cactin must be administered from time to time to sustain cardiac action, and the attendant must remember that this is a "fight to a finish," with coat off and sleeves rolled up. Every three hours intravenous injections of collargol (Credé) may be required, though, if the case be well under control from the first, inunctions with ungt. Credé may suffice. A piece the size of a hickorynut may be rubbed in under the ear, over the jugular, or over the spleen. As soon as the

bowels have acted thoroughly and the intestines are fairly empty, the sulphocarbolates should be pushed in full doses—ten to twenty grains every three hours. Nutriment should consist of beef-juice, bovine or some similar prepared blood food, albumen water, grape juice, or cream and egg. The first eight hours the less food the better; after that, and if elimination is well under way and the symptoms are favorable, a small quantity often will prove better than more less frequently.

In addition to the steps outlined the doctor may order an ice bag to the head, if desirable, though with the pack this is seldom needed. He must be ready to repeat the lumbar puncture and reinject the lysol solution at the first sign of a pronounced rise in temperature, this being the signal for further systemic antiseptics. The calomel treatment may or may not need repetition, but the saline, calcium sulphide, sulphocarbolates and colloidal silver exhibitions must be continued till it is evident that the infection is controlled. This secured, it is probable that no remedies will be better to complete the work that nuclein and echinacea, indeed, failing the collargolum the writer would resort to echinacea. Nuclein is useful every minute after the first saturation of the system with antiseptics; in the initial stages of this treatment its influence would not be felt.

Too much stress cannot be laid upon the toilet of mouth and nares. In fact were this attended to and the intestinal canal kept empty, and as antiseptic as possible, by those exposed and liable to the disease, there would probably be no epidemics. The choice of a suitable antiseptic must rest with the doctor; there



Macroton facilitates labor by relaxing rigid soft parts, synergizing the efforts of the uterus, and prevents bleeding.

Macroton acts as a nervine after labor, relieving mental disorders and melancholy, and restores suppressed lochia.

are many excellent ones, but in this case potency, penetration and non-toxicity must be demanded. The solution used should be swallowed freely from the first—but only after the mouth has been thoroughly rinsed. The saturation of the air in the sick-room with antiseptic vapor would commend itself and the writer will certainly adopt that feature in his next case.

Nurses and physicians waiting upon the patients rarely contract the malady, but every precaution should be taken, and all articles used or brought in contact with the patient or his discharges must be thoroughly disinfected.

The convalescent will require close and prolonged attention, and great care must be taken that ocular, aural and nervous disorders are not allowed to remain untreated.

Chicago, Illinois.

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We want every reader of the CLINIC to read this article carefully, also the editorial upon the same subject, which will be found on another page. We have given an unusual amount of space to this subject because we believe it of unusual importance. Yesterday morning I read in my morning paper that cerebrospinal meningitis has caused more than 750 deaths in Greater New York since the first of January. It is raging to greater or less degree in many parts of the East, especially within a radius of 250 miles of New York. Thus far there is no sign of its remission. For instance, last Wednesday there were eighteen deaths from the disease in that city. Between Saturday noon and the same hour Wednesday there were forty-seven deaths

in Manhattan, against forty-six in four days of the preceding week.

In the eastern epidemic the disease is claiming victims from all classes of society. In Philadelphia two prominent physicians have died from it. Thus far Chicago has not been seriously touched. Thus, the first recorded death occurred last week, but at least one has occurred since then—a young woman teacher in the public schools, who is said to have acquired the disease during a visit to New York. There are said to be a number of suspicious cases, but the Health Department assures us that there is no cause for alarm and that the probability of an epidemic here is remote.

It is perfectly evident, however, that the condition is one demanding the consideration of every physician, for while the disease is hardly likely to develop largely throughout the country, yet any of us may be called upon at any time to attend a case—and should be prepared to go into it armed and equipped.

Cerebrospinal meningitis is always a serious disease and in a large percentage of cases a mortal one. Can there be any question as to the importance of having at hand the arms of precision? It is a disease which should be recognized at the start and fought *hard*. With Dr. Candler we believe that this is the kind of a case in which attention to the alkalometric principles will do much. But it is not a condition for dilatory methods, for expectant treatment, for therapeutic laziness. Fight and fight hard from the very start, and I believe that you have every chance for success.

Some of you will be called to attend these cases. We want you to report them to the CLINIC. Will you do it?—ED.



Macroton is one of the best remedies for after-pains, soothing mental unrest also and favoring regular contractions.

Gelseminine quiets the nagging pains of the first stage of labor and relaxes rigid os and perineum; stops after-pains.

Editorial Chat

A WORD TO THE OUTSIDER.

MANY a physician who reads this number of THE ALKALOIDAL CLINIC has not as yet familiarized himself with the actual applications of the active principles in practice. Like the man who has never been accustomed to cold baths, he perches on the edge of the tub and looks shivering at the cool, pure water, longing to take the plunge, but dreading the unaccustomed sensation; but let him just summon up resolution and slip down into the tub until the water closes over his head; then out again—and how good he feels.

There is much analogy to this in the first experience of the physician with the active principles. You have practised long enough to know your therapeutics; and, between you and me—it is not worth much—is it, Doctor?

We like to get down beside a real doctor, lean forward and lay our hand on his knee, and say to him: "Doctor, you and I know that the therapeutics of the regular medical profession is simply beneath contempt;" and note the quick gleam of assent which appears in his eyes. In fact so thoroughly has he learned this lesson that it is not always easy to persuade him that there is any better promise in the new method. So difficult is it to make a man see things as they are, in a plane to which he has not yet penetrated.

Reasoning from his standpoint—that is, yours—the simple substitution of active principles for galenics seems too small and simple a matter to warrant the

enthusiastic praise given it, and the seemingly miraculous results obtained from it. But, Doctor, is it not the case in all other branches of human knowledge, that the insider sees things differently from the outsider? Did you ever really comprehend the Gospel of St. John until you read it in the original Greek, after your study of gnosticism? Does not your knowledge of Latin and Greek give you an insight into things which is impossible to the non-classical scholar? How funny the things sound to you, who know your French or German, when men who know neither, begin to give their views on the literature of those languages. It is amusing, isn't it? When men reason from what they know, they do not always arrive at the just conclusions; but what a queer mess they make when they begin to reason from what they do not know.

Now, this talk to you has resulted from the following sentence, taken from a private letter sent to us by a distinguished physician of Canada. He says: "Once accustomed to your methods of treatment and your means, there is no other way for the physician."

That is exactly it. The man who has once accustomed himself to the use of the active principles, has realized the advantages accruing from their use and the possibilities opened up by them, could no more go back to the old ways and drugs than a man could unlearn his multiplication table. If so many physicians who have tried these things speak in

such high terms of them, there surely must be something in the matter; and if so, how can any active practitioner who loves his profession and his patients, and takes pride in giving the latter the very best treatment which the modern medical science affords, how can such a man, we say, neglect to take advantage of whatever good lies in these methods, at least to the extent of giving them an investigation and these remedies a trial? If we asked men to take our word for these things, and simply follow us as pupils follow their master, it would be different. But we are appealing to a jury here. We are asking this jury to consider and weigh the evidence. We are asking them to examine into and pronounce upon the truth of the statements presented, and surely this does not seem more than we can justly ask any reasoning man.



THE PREVENTION OF THE HEREDITY OF CRIME.

The student of sociology is but too familiar with instances showing the heredity of vice. Many striking examples could be cited, showing the enormous cost to the state, which has been directly occasioned by the progeny of certain criminals. The indirect loss and the harm done to the community by the operations of these degenerates is infinitely greater. It has been suggested that a remedy may be found for this state of affairs by prohibiting the marriage of confirmed criminals. But unfortunately it is precisely this class which is least to be influenced in this respect by the prohibition of marriage.

In the island of St. Helena legal marriage can only be performed by the clergy



of the Church of England. The fee exacted for performing the wedding ceremony is \$5.00, a sum completely beyond the reach of the vast majority of the population. The consequence is that nine-tenths of the population live in unions not sanctioned by the law, and that such unions are not looked upon by the public with the same disapproval with which they are regarded elsewhere. There is here, therefore, a decided public depravity, directly resulting from the restrictions placed upon legal marriage. And yet these people are not of the criminal class.

The remedy must go deeper than this. Acknowledging that it is a wise thing to restrict or prevent entirely the continuance of crime by hereditary transmission, there is but one way to accomplish this object. And surely, in a land where human life is taken as a punishment for crime, there need be little sympathy wasted upon the criminal for whose crimes the law should affix a punishment less in degree, though perhaps more dreaded by the criminal—that of rendering such transmission to offspring an impossibility.

We view with repugnance things which are unfamiliar to us, while other things of precisely similar nature are looked upon with equanimity because we are used to them. The Abyssinian, when reproached with his eating of raw beef, warm from the slaughtered animal, coolly asked the objector: "How about raw oysters?" To his further objection that his raw beef carried the germs of tapeworm, he might have adverted to the trichinatus raw ham and sausage of Germany, the tubercle-infested *pate de foie gras* of Strasburg, or the skippery cheese of England.



Gradual increase and continuous high count of small lymphocytes indicate a favorable prognosis.—Holmes, *J. A. M. A.*

Poverty of small lymphocytes shows very low nutrition and impaired cell metabolism, typhoid, tubercle, etc.—Holmes,

It seems singular that England should never have placed castration on her list of penalties for crime, when she impressed a seaman for her navy and hung his wife for attempting to steal a loaf of bread to save her infant from starvation. The wisest penalty is that which deters from the commission of crime; and it will be worth the experiment to see if this penalty would not accomplish this object, better than prolonged imprisonment at the State's expense, in that university of crime, the public prison.



SOME REMARKABLE (LAY) SURGICAL ADVANCES.

Our esteemed friend, the writer of medical articles for the lay magazines, seems to have struck a popular chord and to possess a standing order from the editors to furnish something startling for each issue about the "insides" of humanity or the disastrous diseases which afflict mankind. The recent articles upon "Phthisis, The Scourge of the Race," and "Pneumonia, the Incurable," must have whetted the appetite for the horrible and caused a demand for more mental pabulum of the same highly-spiced kind.

This month the realm of surgery is invaded and we are given some remarkable examples of fiction woven from fact; stories, the warp of which is "warped" indeed, even though the woof is, surgically speaking, "all wool." The most striking statement is that man has in his cranium "a shallow sea of fluid." "In one part of the head this liquid substance constitutes a little spirit level like a carpenter's spirit-level — which serves to keep the human machine properly balanced. Sometimes the fluid in



this level increases beyond the natural capacity, then the patient is annoyed by constant ringing in the ears and becomes subject to a severe and dangerous vertigo. * * * So they (the surgeons) tap the victim of the deranged spirit level near the base of the spine and draw off the surplus fluid and send him upon his way, relieved, balanced and rejoicing."

This, of course, is marvelous (even if not true) and at the same time it is a beautiful illustration of the inaccuracy of the lay writer upon medical subjects. Accuracy seems however to matter little so long as the article is sufficiently startling. We are also told of gastroenteric "plumbing jobs" and revived corpses with such abounding wealth of detail (and absence of fact) that we have to hold our heads and wonder whether we are really just awakening from a long trance.

That the layman should have an intelligent appreciation of medical and surgical progress is most desirable, but that he should have his mind filled with fairy stories and chimeras is deplorable. Hundreds of people have doubtless died from sheer fright since reading the article which was recently published in a widely-circulated magazine in which it was stated that pneumonia was incurable. More tubercular patients in the early stage of the malady have become despondent and given up hope since reading the columns of ghastly twaddle on "The Great White Plague." And now, when the people ought to rest awhile they are informed that they are apt to get their "cranial fluids" deranged—and require tapping in the lumbar region! Or, if they escape *that* they are prone to contract tic (a most horrible disease

The hypertensive diathesis is far more clear-cut and definite a condition than the strumous or uric acid.—Cook, J. A. M. A.

Causes of vascular tension—arteriosclerosis, heart, lung or brain disease (compensation), toxic, primary.—Cook, J. A. M. A.

which makes those whom it fastens upon jump promptly from fifth-story windows!) Indeed, "a prominent surgeon" is quoted as saying, "When you find a man not insane tumbling from a high window you may safely diagnose trifacial neuralgia (tic). "The disease from which "the prominent surgeon" and the writer of the article suffer is not stated but most medical men will be apt to diagnose it as *congestion of the corpus callosum*, with the accompanying hallucinations. From all of which it is plain to see that the whole scheme is a clear case of surgical advertising as against the general practitioner. And even the magazine surgeon hasn't yet "amputated" the corpus callosum—or even grafted part of a pig's cerebellum upon it! ("With the astonishing result that the patient was restored to health but ever after grunted at the sight of food!")



"PROGRESS!"

In the *Medical Fortnightly* of March 10, Trask commences with a promising plea for high-grade simple pharmaceutical preparations, and after a fine opening falls down limply. He speaks of "laxatives with a dozen ingredients, cough medicines with a shot for every possible germ that ever caused a cough, or might, could, would or should ever think of causing a cough; genitourinary remedies that will, because of the many ingredients, be absolutely sure to do everything required, from numbing the backache to chasing the gay and sportive gonococcus to his lair, wherever that may be, in every possible variety of case and straightway throttling that breeder of such varied disturbances in the human economy." "In this age of skill in phar-

macy we can have our herb teas, our infusions, or better our extracts and tinctures, made so that while as good as in the old days in curative effects, they are infinitely more palatable and more pleasant in every way."

"If this is so, why not have them? Because of pure, unadulterated laziness on the part of our profession. We don't want to take aim. We want to load our gun with grape or shrapnel, shut our eyes and fire. We'll bring something down—perhaps the patient—but we've done something, we've given medicine and we've eased—the patient's pocket-book."

And then—he drops hard—he goes on to advise specially-made tinctures; and a proprietary medicine "because it is rich in the active principle of the plant," and never seems to realize how much better that active principle would be if isolated and administered by itself in accurate dosage.

We could say a whole lot more, but the fact is that the preparations the doctor recommends are about the best of their kind and so much better than the ordinary run that we strongly sympathize with his preferences. For instance when he advocates "Tritica, S. & H." we must say we know of no preparation of triticum equal to it; as the active principle has not been isolated and supplied commercially. We are glad the doctor has taken so long a step in advance, and hope he will take another and see the advantages of the alkaloids.



VALE THE PROVERB.

Dr. H. T. Patrick doesn't like the brief expression that endeavors to put a truth into a few lines, and warns his hearers

Arterial tension; diet and hygiene used early will usually accomplish the necessary correction.—Cook, J. A. M. A.

Arterial tension; late treatment requires drugs in addition to the proper diet and hygiene.—Cook, J. A. M. A.

against that style of literature. Is he right? And is there really no virtue in a proverb, a brief and pithy apothegm, or anything else than a sesquipedalian, polysyllabic, Germanic-constructed-on-the-plan-of-a-sausage-in-links interminable and ponderous treatise, that takes a month to peruse and a year to comprehend when a man has only time in ten-minute sections for his reading?

Weed out of your library these pernicious triflers, Pascal, a'Kempis, Epictetus, Marcus Aurelius, La Rochefoucauld, and their tribe. Again we shall hear "laurelled Martia roaring murder;" while Poe, who claimed that the poetic principle necessitated brevity, is out of court with Anacreon, Pindar, Horace, and the entire crew of lyric poets. Replace them with Bickersteth's "Yesterday, Today and Forever"—it sure is long!

Solomon was considered the wisest of men—but that was before the day of Patrick, and the great sage with his proverbs must go. Still further—tear from the Holy Book its most beautiful page, that on which appears the exquisite Beatitudes, for they also are examples of that objectionable style.

We haven't a bit of objection to Patrick luxuriating in a three-volume novel of the English vintage of 1850, if he is so disposed and has that sort of a mental make-up; but we do most decidedly complain of his assumption that we also must feed on such tough food because it agrees with his digestion. Possibly he may be unable to extract an idea from less than a ream, but if another man can snatch an idea from a line or a word, can find "sermons in stones, books in running brooks, and good and bad in everything," why may he not do so?



Arterial tension; prompt relief may require venesection; as malaria does quinine; so hypertension requires nitrites.—Cook.

Must we all like a giraffe browse only off the tops of the trees, though our necks be of the shorter varieties?

But Dr. Patrick may reply that he doesn't object so much to the three-line item as he does to the quality of those we proffer. Possibly he or others may think it an easy task to write several hundred such notes every month for years and have them all universally good. If so, we beg to state that the task is his; we only occupy the seat till a better occupant presents himself; and opportunity awaits him.



TROUBLES: HOW TO TAKE THEM.

There are two ways to take troubles. One we may denominate the Slav, or slavish, method—to sit down and nurse the place where we have been kicked, bewail the injury we receive—and do nothing. Most people, in these unregenerate days, are apt to think and say that the man who thus receives an assault against his person, property or rights, deserves about what he gets. Come to think of it, don't we generally get pretty nearly what we deserve in this world? If we are imposed on, is it not because we let such things occur, either through our own negligence or our habit of waiting for some one else to right our wrongs? The method of turning the other cheek when we are *intentionally and maliciously* smitten may have been appropriate to Asiatics under absolute despotisms twenty centuries ago, and under some exceptional circumstances it may be right now, but with all due reverence we suggest that it does not fit the conditions under which the struggle for existence is fought at the

For arterial tension with vertigo, angina, acute heart dilation, tic, and asthma, inhale amyl nitrite.

present day. The other we will term the Chicago way.

The CLINIC is for aggression, all the time. It is for progress, and for activity—the strenuous life while we do live. It believes and teaches that a man should be up and doing, with all his faculties wide awake and in active operation. It believes in the use of forethought and precaution; in seeing to one's fences when he has fields to be protected; and it devoutly believes that God looks after the crops of him who sees to his fences. But if he neglects to use the wits with which he has been endowed, and trusts to Providence to keep out the stray cattle while he makes long prayers at meeting, we very much fear he will have to borrow meal before the next harvest comes in. Do you realize what a tremendous blood-sucking is going on in your practice by the various leeches that have fastened on us—the quacks, the patents, the numberless people who take the lifeblood out of us?

Now the theme of our story today is that we do not have to sit down and suffer this wrong without exerting ourselves to meet it. It may be true Christian meekness that prompts us to do so, but we very much fear it is very un-Christian laziness. For the Book of Books is filled with the finest and keenest incentives to exertion, to diligence in business, with urgings to use one's best endeavors to establish his finances on a firm basis. Isolated texts may be quoted to prove anything; but we defy anyone to study the Bible and deduce from it an excuse for laziness and inertia.

Be up and doing. Meet the enemy half way, in true Chicago fashion; and hold your own manfully. Go to the nearest magazine stand and buy all the

periodicals purporting to be "health journals," and compare them with *How To Live*; and see where your interest lies. If you have not the time to get subscriptions for a club, let your wife, your son, or your daughter, or some patient to whom a few dollars will be useful, get up one with your sanction and assistance. Every copy placed with the laity will aid and sustain you in your place or the one you should occupy in the community. And if on looking over the journal, from month to month, you see any way in which it may be made to do this better than it is doing, sit right down and write to us about it.



CALCIUM SULPHIDE IN DIPHTHERIA.

Tissot employed calcium sulphide in a series of 137 cases of diphtheria, all confirmed by bacteriologic investigation that showed the presence of Loeffler's bacilli. Ten died, the rest recovered. Why did these die?

Five were brought in for treatment in such extremes that tracheotomy was imperative. The other five also all died within twenty-four hours of the beginning of treatment. Evidently these had received a fatal dose of toxin before treatment was instituted. The sulphide is not in any sense an antidote or an antitoxic. Examinations made by Tissot showed the presence of the bacilli in the exudate, but they were motionless. This explains the function of the sulphide—it is a germicide. But with every bacillus dead, the child may have absorbed a lethal dose of the toxin.

We know that even antitoxin will not save life in this condition; in fact, its value diminishes with every day of the



Glonoin is less certain than amyl nitrite, though more constant and persistent in its action.—Cook, J. A. M. A.

Cook gives glonoin hypodermically, though this is the one drug that acts more quickly when given by the mouth.

disease, so that after the fourth day it is practically useless—and some of these cases were first seen on the thirteenth day. The fact that the bacilli are present in the exudate and the toxin there generated is absorbed thence into the blood, vindicates the writer, who has for many years insisted on the necessity of thoroughly efficient local antiseptics. The marked and immediate relief from even a moribund state that follows such cleansing of the nasal tract in diphtheria, leads us to look upon this as the remedy for these advanced cases where neither antitoxin nor sulphide will save life—this, and the use of strychnine freely to uphold the weakening heart.

It will be seen therefore that neither of these four chief remedies replaces the other, or is to be compared with the others. Antitoxin neutralizes the toxin in the blood, and hurries the immunizing forces into action. Local antiseptics removes the bacillus-bearing membranes and stops the formation and absorption of toxin. Calcium sulphide kills the bacilli. Strychnine sustains the vitality.



"HOW TO LIVE."

There is something inspiring in the title of this journal, *How To Live*. Is not this something we all want to know? We, who talk to you, and you, who read, are healthy, wholesome Americans, full of the abounding life of this yet new world, keenly alive to the pleasures of life in it, of its turmoil of business, of its fierce struggle for existence, of its keen pleasures, of the tender happiness of its homes. Surely it is good to be alive, now, in the early part of the twentieth century, and here in God's country;



Cook gives glonoin in doses not less than gr. 1-100, every three or four hours, and then condemns it. You know better.

and every mother's son of us who thus feels the joy of life and health, tries above all else, to stay here and keep right on enjoying it as long as may be possible.

But how long is this? Let us turn to this problem the powers of that wonderful American intellect, which has achieved so much in every other department of human activity. Let us again illustrate the essentially practical nature of our mental activity, by studying this problem of how we can prolong to the utmost possibility our active, healthy, enjoyable existence, how to live long and how to live well. What problem is there so well worthy of our most earnest study?

We are a long time dead. What is Rockefeller with his billion, when his last breath has been drawn, and this Lucifer of selfishness lies beside the pauper and the tramp, of no more power or worth than they? The meanest hobo who is bumping over the road on the freight-car trucks would not exchange places with him. Even as it is, if you had your choice to be Rockefeller without any stomach, or that barefooted urchin who is robbing your cherry trees just now, would you hesitate over the choice?

Man is a curiously short-sighted creature, and rarely takes time to direct his energies towards an intelligible and rational object. Economy and enterprise are great things, but how often is the ultimate object of exertion lost in the lust for acquisition and power? Cornaro, who carefully abstains from superfluities and eschews luxuries, in order that he may prolong his life to a century, is wiser than the man who dies a generation or two before that time,

The increase of K in ratio to Na in urine characterizes all diseases when we consume our own tissues.—Croftan.

simply that he may be the possessor of that much more property, which he leaves behind him. Were we a multi-millionaire today, we would search this globe for the wisest physician in existence; and we would pay him anything he asked, to devote himself exclusively to the preservation of our health and the prolongation of our life.

We are not the modern Solomon. We lay claim only to the humblest position in the ranks of those who are working upon the great problem of the prolongation of human life. But what the medical Solomon might do for the billionaire, we are trying to do for you; and we are doing this by reenforcing our own scanty qualifications by those of countless other men. For the wisdom of a Solomon we substitute the collective knowledge of a vast multitude, feeling assured that with 100,000 to contribute each his or her mite, the resultant will far outweigh in value that which any single individual could furnish. Not that each of this mighty army could or should contribute to the pages of *How To Live*, but let each one of those who read our pages note if in any particular he, and especially she, can improve the suggestions made, or offer better ones; and these betterments may in turn elicit still greater improvements; and thus we may all grow wiser together by mutually sharing what wisdom we have.



SOMETHING ABOUT RHUBARB.

Greenish has presented some interesting considerations on the pharmacology of rhubarb, reproduced in the *Pharmaceutical Era*. The chief active constituents of the root are two classes of glu-



The quantity of urine passed depends on the state of renal epithelium and rapidity of the blood stream; not its pressure.—Croftan.

cosides, the tannoglucosides and the anthraglucosides; besides which are mucilage, starch, calcium oxalate, and oxidizing ferment, and the products of the hydrolysis of the glucosides, chrysophanic acid, emodin and rhein. Alcohol is the most rational menstruum; water does not take up the valuable active constituents nor retain them in syrup. Carbonated alkalies dissolve emodin, the most active laxative but the smallest in quantity; and does not dissolve chrysophanic acid. He suggests an elixir made with glycerin, alcohol and water. We have always obtained better results from the tincture of rhubarb than from any other preparation, but it is too unpleasant for modern palates.



WHOLESALE TONSILLECTOMY.

An English physician, Dr. Alice Johnson has created quite a stir by excising the tonsils of every school girl in the parish of which she is health officer—more than one hundred in number. It is interesting to note the expressions of approval in the medical journals and the approbation of the Chicago Health Department.

We have repeatedly called attention to the vast importance of the tonsils as offering the most important open door for the invasion of disease organisms: being a poorly and insufficiently defended part of the body and especially exposed to germs entering through the food and inhaled from the air. We are convinced that attentive examination will show that hyperemia of the tonsils precedes many an attack of local or general inflammation. Still, we are not prepared to take the advanced ground occupied by Dr. Johnson, or to admit that the only

Less urine is passed by night than by day; but this may be reversed in the chronic forms of nephritis.—Croftan.

possible treatment of this condition is the destruction of the organs which, presumably, subserve some useful function in the human mechanism. But what we advise is close attention to the tonsils on the part of the physician, and through his instructions, on the part of the mother, with the use of some efficacious local application whenever a hyperemia or other affection of these bodies is manifested; as well as proper treatment of any abnormal condition there recognized.

Further than this we are not at present prepared to go, although we must admit that men who have made special study of the tonsils and acquired special skill in their treatment, such as Professor Pynchon, of Chicago do in fact, we believe, recommend the removal of these organs as a rule.



CEREBROSPINAL FEVER.

The very serious outbreak of this dreaded malady in New York city, and the probability of its spread through the country leads us to review our data upon it and get ready for it in time. It is a very peculiar disease. It occurs sporadically rather than in epidemics; affects the country rather than the city, and is most frequent in winter and spring. Camps have seemed to offer specially favorable opportunities for it, and young recruits have been frequently attacked. The conditions of the slums are favorable to its prevalence, and fatigue, overcrowding, all causes of physical and mental depression, are predisposing causes. It does not seem to be contagious, and nurses and physicians are not apparently in special danger. Transmission by excreta or infected clothing has not been

demonstrated. The bacterial cause is usually the diplococcus intracellularis, but the pneumococcus, tubercle bacillus and possibly other microorganisms have also been detected in the cephalorrhachidian fluid without the former. The intracellularis is so termed because it is almost always found within the polynuclear leucocytes.

The characteristic lesions are most marked at the base of the brain but may extend over the cortex. In mild cases we find meningeal hyperemia with patches of yellowish exudate, extending along the posterior surface of the cord, even to its termination. In malignant forms, the meningeal hyperemia is intense, the exudate fibrinopurulent and profuse. The cerebral tissue may be hyperemic, inflamed, softened, pink or studded with hemorrhagic points. The affection extends along the cranial nerves, most frequently the 2d, 5th, 7th and 8th pairs. The nervous tissue affected is infiltrated with pus, the neuroglia swollen, with large, clear vesicular nuclei. The exudation is fibrinous and contains numerous polynuclear leucocytes. The diplococci are most numerous in the brain but are found in the nasal mucus and in the pulmonary tract cause a form of pneumonia. Among the occasional complications are pneumococcal pneumonia, pleurisy, nephritis and enlargement of the spleen.

Malignant cases occur in epidemics and sporadically. The onset is sudden, with chills followed by headache, hebetude, muscular spasms, profound debility, fever of moderate degree, the pulse feeble and remarkably slow, sometimes only 50 per minute. Petechiæ soon appear, and death is apt to occur before the day closes.



Disease or disturbance of circulation in the kidneys must be bilateral to influence urine excretion.—Croftan.

The more chronic a nephritis, the greater is the tendency to polyuria; except during acute exacerbations.—Croftan.

The duration of incubation is unknown.

More frequently the attack begins without preliminaries, with headache, backache, anorexia, vomiting and hard chills; the fever rises to 102° F., the pulse full and strong, the neck painfully stiff. Intolerance of light and sound arise as the symptoms increase in severity; the younger patients are restless and the head and back become arched. Muscular tremors and cramps occur in the extremities, tonic and clonic; strabismus appears and opisthotonos; the face twitches and the ocular muscles may be paralyzed. The patient speaks most of the headache; the spine is tender to pressure, the skin hyperesthetic, and violent or erotic delirium occurs early, but as effusion supervenes, subsides into coma. The course of the fever is not regular, but the temperature does not usually run high, though it may exceed 105° F. The pulse varies also but is apt to be slow. Cheyne-Stokes respiration has been observed. The skin eruptions are notable; herpes is frequent, petechiæ not invariable, erythema, dusky mottling, rose spots, urticaria, ecthyma, pemphigus, and even gangrene of the skin, have been noted.

Leucocytosis always occurs early, reaching 40,000 per cubic millimeter. The bowels are usually but not always constipated. The urine is increased in quantity, often albuminous, sometimes shows sugar or blood.

Foudroyant cases are fatal in a few hours. Half the deaths occur during the first five days, while others linger for months. Favorable prognostic signs are survival over five days, with general improvement, fever subsiding, spasms few-

er and milder, and returning intelligence. Relapses are common and dangerous. A sudden fall of temperature is bad. Convalescence is tedious, and idiocy or epilepsy may remain. Complete recovery from a severe attack is almost unknown. The eye, ear or nose may be affected through implication of their roots. Sometimes the outbreak is violent but the symptoms soon subside and the attack is abortive. Walking cases occur, the symptoms mild, fever slight, little vomiting, during an epidemic—otherwise unrecognizable. In other forms the febrile course simulates malaria or pyemia. Heubner reported frequent chronic cases that ran on for months, with recurring symptoms and great wasting. As sequels we may mention pleurisy, pericarditis, parotitis, multiple arthritis sometimes suppurative, headaches recurring on slight cause, hydrocephalus, aphasia, etc.

The diagnosis, in the presence of an epidemic, is made by the sudden attack, headache, delirium, retracted head, stiffness and bowing of the neck, muscular tremors and spasms, slow pulse and moderate fever. Kernig's sign: When the thigh is flexed on the abdomen the leg cannot be extended on account of the powerful flexor contractures. The most positive evidence is afforded by lumbar puncture. If a child, chloroform should be sparingly employed; the patient placed on the right side with knees drawn up and the left shoulder forward; the lumbar spinous processes are located, and the needle of a small aspirator is thrust into the third interspace on one side of the median line, upward and inward, to a depth of 2½ centimeters in infants, 4 to 6 in adults. Fluid exudes by drops, turbid, purulent or bloody, sometimes



In chronic nephritis a sudden reduction of the specific gravity of the urine betokens an impending uremia.—Croftan.

It is indeed a well-informed physician who can read Croftan's Clinical Urinology without obtaining useful items.

clear. The organisms present may be detected by the microscope; tubercle by inoculating a guinea pig. Cyodiagnosis: The tubercular exudate contains only lymphocytes; in that form due to the intracellularis or the pneumococcus polynuclear leucocytes predominate. When iodides have been taken iodine may be detected in the fluid in tubercular cases, but not in those caused by the intracellularis. Osler is skeptical in regard to this.

The mortality varies from 20 to 75 per cent, being greater in children. Ominous are high fever, coma and severe convulsions. Prolonged cases leave cerebral lesions.

Dr. Candler, in his paper, has well described the powerful resources supplied by the active-principle therapy. These have proved their superiority in so many desperate cases, of the gravest maladies to which the human body is subject, that we feel a strong conviction of their efficacy in this one. As will be seen, we are far from limiting our suggestions to the use of the alkaloids, but retain whatever of the older treatment gives any promise of success.

The symptoms of this malady point strongly to the use of the alkaloids, especially gelseminine and cicutine hydrobromate. Each of these directly combats the tendency to muscular spasm, spinal irritation, photophobia, intolerance of sound, cutaneous hyperesthesia, and in a word the whole clinical picture formed by a typical case of this disease. Beginning with the fundamental principles in the treatment of fever, the establishment of a faultless hygiene of the sick-room, the house and its environment, and especially of the patient's alimentary canal,

we go on to test the power of pilocarpine to break up the attack at its beginning; the inhibition of microbic operations by sulphide saturation, equalization of the circulation, sustaining of vitality and stimulation of elimination, by our deferrescent alkaloids. We have here a comprehensible and consistent statement of treatment based upon the soundest principles known to medical science today.

Then, when the first force of the disease is broken, the indication is to remove from the delicate nerve structures affected all the encumbering debris, whose presence and pressure would soon transform a temporary inhibition into a destruction of the tissue and a permanent loss of function.

In the treatment of any infectious malady there is everything in starting, like the Japanese, with a well-considered plan of action. If we know exactly what we want to do and how to do it, we may look for better results than if we flounder about aimlessly, catching at straws and making temporary makeshifts, changing from one idea to the other in the desperate hope that something may prove valuable.

On the day upon which we are writing, the morning paper announces the first death in Chicago from this fever. We earnestly hope that during the time which must elapse before these words reach our readers, there may not be such a prevalence of the malady as has shocked New York. If so, we shall blame ourselves for not having taken up the matter a month earlier.



GOOD SOUND SENSE.

In *Southern Medicine and Surgery* for February, Amster has a most readable



Nervous phenomena, tetanus, tremor, etc., in gastric diseases, are probably due to chlorine hunger.—Croftan.

Simulated fasting may be detected by the presence of several grams of NaCl in the urine daily.—Croftan.

and instructive article, "Facts and Fancies in Gastrointestinal Work." The writer deplors the lack of teaching in the colleges along the line of clinical diagnostic work. He calls attention to the fact that most of the students will enter general practice and that to them will come the great majority of incipient gastrointestinal diseases. If they have not been taught how to diagnose and treat gastric and allied disorders is it to be wondered at that so many people die or go on till major operations are called for? If the doctor is unable to distinguish a gastric ulcer from a catarrhal gastritis, or a cancer of the pylorus from duodenal disease, is he fitted to take charge of such patients?

He also points out that the tongue is not the important diagnostic feature in gastric and allied diseases that it is thought to be. He says, truly enough, that a clean tongue may coexist with some serious organic disease and a heavily-coated tongue present, with not the least trace of gastric or intestinal affection. The doctor is warned not to place too much dependence upon the tongue or to treat according to the condition prevailing there. He very cogently says that if people would pay as much attention to the toilet of the tongue as they do to their teeth there would be less trouble from the exhibition of blue pill and similar remedies for "biliousness." A piece of whalebone as a scraper, and a solution of potassium permanganate, as a wash, are recommended as better tongue-cleaners in many cases than purgatives.

The writer considers diet as a most important matter in all cases, and points out the limited utility of pepsin and other

artificial digestants. It is just the kind of an article that leaves the reader knowing something more than he did know or with at least a refreshed memory and an appreciation of the importance of proper diagnostic procedures whenever disorders of the digestive tract are even suspected.



ACCEPTABLE MEDICAL ADVERTISING.

There are widely divergent views as to the acceptance of advertising in professional journals. One of these may be typified by a certain druggist's periodical, which, some years ago, informed an inquirer that "the journal would print any advertisement that was paid for, provided the subject matter were within the limits of the law." The other view excludes all advertisements of secret remedies, of articles advertised to the laity, of alleged cures for the alcohol and drug habits, of things not specially designed for the use of the physician in his professional capacity, and of articles whose value has not been fully established. The CLINIC endeavors to be as circumspect as possible, but no doubt errs, now and then, with all the rest. In fact, we know of no journal that comes up to this standard in all respects, and we doubt the advisability of drawing quite so strict a line.

Most medical journals take all the advertisements they can get, and let their readers make the discrimination. Some reject one of the above classes of objectionable and swallow the rest. Some refuse one class and arrogate to themselves such a superiority of virtue therefore, that we are glad for their sakes that



In gastric cancer the urine has little chlorine and much nitrogen; in dilatation little of either.—Croftan.

It is a precarious proceeding to draw conclusions from the chloride excretions in nephritis.—Croftan.

Thanksgiving is past, else a terrible mistake might be made and the management slaughtered to make an American holiday.

We need not go back to the days when Calvin burned Servetus for illustrations of intolerance. One man sets up his standard and consigns all who do not adopt it to the "demnition bow-wows," with a virulent volubility that would have done credit to the jarring monks of the days of Leo. X. and then, somehow, he "swallows his camel" with the rest.

In this connection we are reminded of the old motto, "Mind your own business and saw wood." Not bad that, we think; and the CLINIC tries to do it.

A very worthy journal lies before the writer, one which may easily stand on the excellence of its literary content. But it must needs go into the advertising squabble, albeit in a gentlemanly manner, for it does not hold up its contemporaries to scorn but just vaunts its own virtue in refusing all advertisements of remedies secret in "ingredients, working formulas, method of preparation, and all processes"; yet it prints in a prominent position the advertisement of a preparation that was not long since advertised prominently in the daily newspapers, a most dangerous thing, since it advised the laity to take, at their own incentive, an alcoholic beverage under the guise of a remedial agent.

The CLINIC advocates the use of single remedies, or combinations of single effect, and urges the doctor to do his own prescribing; to study the action of remedies and the pathology of disease, and if that hits the ready-made prescription we cannot help it, in fact, we do not care if it does; but we are not "gunning"

for anyone, nor are we telling our contemporaries how they ought to conduct their business.

To our minds the most scrupulous care should be given the reading pages of a journal—the advertising is of less moment. In fact, it savors of paternalism for the editor to say what shall be placed before his readers in a commercial manner. So long as the journal excludes known frauds, the choice of remedies seems to be one in which the doctor himself has the sole right to decide; and if the manufacturer values his goods enough to be willing to pay to have them presented to its readers, why should the editor censorize them according to his own ideas of what is useful or preferable?

We never did like expurgated editions. Well-known frauds should always be excluded and if one chooses to limit further, it would be rather by excluding articles also advertised to the laity, as well as to and against the best interests of the doctor, rather than the less objectionable ready-made prescription and proprietaries which the doctor has a right to use if he so desires and *should use if he knows of nothing else as good for his cases.*

And, moreover, it is to know that behind all this outcry against secret remedies and methods is a greedy commercial interest, which uses the unsuspecting doctor to beat about the bush, and as soon as he has driven the manufacturer to make public this same commercial interest, at once adds to its list this same remedy with the identical formula and a title as slightly changed as possible. The most of this "Much-ado-about-nothing" is really an attempt to get the result of other mens' efforts without paying for



Edema may be an osmotic phenomenon, chloride retention by the tissues and water attracted from the blood.—Croftan.

The gastric HCl in no way influences intestinal bacterial putrefaction; older writers notwithstanding.—Croftan.

them, rather than any ideal conception of ethics, that is at the bottom of the matter.

The question will doubtless be decided by each journal for itself, taking into account the best interests of its clientele. We are not running a kindergarten. Our attitude to our readers is advisory—they accept just as much of our teachings as they choose and no more—and very often we accept theirs. Therefore, it would ill become us to play the part of dictator, or even of censor, beyond giving our honest beliefs and the result of our personal experiences.

And further, as the advertising end of any journal is decidedly essential to its success, we feel that more attention should be paid to it by the readers of the journal. Not a journal should pass your hands, the advertising pages of which have not been scanned for new and helpful ideas—they are full of them! Read the advertisements, test out their suggestions, and say to the journal bringing you the idea what you think about them, and to the advertisers, where you saw his suggestion.



A QUESTION OF "HORSE SENSE."

In our editorial pages for January we enunciated several principles that seemed to us of unusual importance, for the consideration of the physician, in that revision of his doings and thinkings and believings that every wise man gives at the close of every day of a year. Among these we said: "That the manufacturer who (a) having first 'worked' the doctor, goes to the laity on his good-natured recommendation; or (b) who goes straight to them, *ab initio*, deluding the

people with false statements, is unworthy the respect of the profession or of the medical press, and should be denied the support of both."

Impudence is not an uncommon trait; effrontery is by no means rare; but for the acme of both we commend our readers to the following letter, received by a member of the CLINIC's editorial staff, and we presume by many other physicians, as it is evidently a circular:

DEAR DOCTOR:

We are preparing matter for a booklet which we intend to send free to every physician whose name appears in Polk's Medical Directory. We intend to advertise our compound through the newspapers in every locality where it is used by physicians, and the advertisement will be written in *such a way as to create a desire on the part of the laity to secure our booklet that they may learn how they can be cured of Asthma, Bronchitis, Consumption, Hay Fever, Pneumonia or kindred diseases.*

If you feel at liberty, we would be grateful if you will give a brief endorsement and permission to print it in the booklet; if you decide to do this, so far as possible, kindly avoid technical terms, that the laity will have no difficulty in understanding it. *We would also be glad to append your name and address to our newspaper advertising as being able to administer our compound, but your name will not be used in any way unless you give us permission.*

We already have a number of endorsements, and desire to get the copy for the booklet into the hands of the printer before the end of this month, so as to begin mailing them by January 1, 1905, at the latest. We desire to thank you for your past patronage.

Binghamton, N. Y., Dec. 12, 1904.

Now if that isn't "slick!" The doctor does not advertise—he is too ethical for that—but the company advertises the doctor as dispensing its remedies, and



Lime carries phosphorus out by the bowel, leaving for urine basic phosphates that dissolve uric acid.—Croftan.

"A drop of ink makes millions think." According to Patrick that is an error; it takes at least a gallon.

that will bring him before the public. Is the doctor really so cheap a man as to be caught with such a barefaced trick as that? He at once descends to the position of the pharmacist, as a dispenser of another man's materials—not even that, for the skilled pharmacist is one on whose professional attainments the confidence of the doctor and the welfare of the patient are reposed. This is a department-store dispensing of a ready-made medicine—that's all.

The next step, of course, after securing this endorsement, will be to place the remedies where they may be secured by the laity with even greater ease—and here we land at the above-named department store, leaving druggist and doctor in the lurch.

Possibly there may be some physicians in such dire financial straits that they will accept this proposition—witness the success of Brinkerhoff—but we believe the advertisers have spent a lot of good money in these circulars that will be long in returning to their coffers.

The difficulty with us is that those who are quite successful are too busy and too prosperous to care about the onslaughts made against our rights and privileges, and those who are worst injured have too little influence to bring the evil-doers to justice. Well for us if the incomes of all physicians were pooled, so as to make the big men care for the little ones.

Here's a case of another wrong: The writer was told by a druggist recently that if the people could find him in, to suggest remedies for them, they did not care to consult a doctor. Here's another: A lady asked the druggist to hunt up an old prescription for her. Her copy had been given away. The druggist did not

advise her to return to the physician, but asked for the bottle. She replied it had the number of the prescription on, but had been sent to a sister in Iowa. So the druggist hunted through his files of two years back, found the original, and refilled it—as he had done for two years—instead of sending her back to her doctor, as he should have done.

Well, what are we going to do about it?

Beg pardon, we have done about it. We have a new druggist in town—one of that acute and astute race with whom business is strictly what its name implies. He complained of the lack of prescription business—said he found all the doctors here kept and dispensed their own medicines. "Well," we said, "they have got to do it, because the druggists do so much prescribing across their counters." He shrugged his shoulders deprecatingly and said: "How can we help it? The first person in after I opened the store was a woman who wanted medicine. If I had not supplied her she would have gone to another drug store and got what she wanted."

The old argument, by which gambler, rum-seller and pander excuse their avocations. If we do not do wrong someone else will—and they'll make the money!

It is useless to bandy reproaches, and to charge this invasion back to doctor and druggist; as much so as to discuss the endless chain of whether any man seduces a woman who was not originally seduced by one, or *vice versa*. The practice has assumed such proportions on both sides that there is no probability of either willingly stopping it. A druggist once told the writer that his counter-dispensing was worth ten times his pre-



For insomnia and delirium of influenzal pneumonia, Pratt uses hyoscine hydrobromate, gr. 1-120 at bedtime.—*Med. Fortnightly*.

Nicotine exciting the great sympathetic, causes circulation troubles causing auditory neuritis.—*Delie*.

scription trade; and as for us, we would never lay aside the advantages we derive from dispensing our remedies at the bedside, in emergency work, though in less urgent cases we would prefer being rid of the annoyance of pharmaceutic labors.

There are some pharmacies in Chicago where nothing is dispensed except on prescription, and these seem to have no lack of patronage, or of prosperity; but whether this would hold good if all the druggists—many unnecessary—adopted the rule we can not say. Probably half would be forced out of business, and the classes in colleges of pharmacy be cut proportionally.

But what's the use in talking? An acrimonious scientific discussion was once cut short by the remark that it was idle to base arguments on the supposititious impressions made on a hen's mind—and as there is no probability of any change we may as well accept present conditions as likely to continue, and make the best of them.

The one thing necessary is for the medical profession to realize its power. One of us can do but little; but take the entire mass of America's physicians, and we reach every man in the land, and exert over him some influence. Let this be exerted simultaneously, for the same object, and the force becomes resistless. Here is where the great benefit of organization is manifested. We have advised every man to ally himself with the American Medical Association, because in this way he can exert his influence on that body, and through it on the country at large. The concentration of effort would bring to us as physicians inestimable benefits, and through us work for the advantage of the country and for humanity. Let no man stand back on

account of the feeling that his individual effort is too weak to matter. The ability to organize thus is characteristic of a certain grade of civilization, and of the capacity to convince and be convinced, which are requisite for the attainment of great objects.

Haven't we that capacity? Haven't we good horse sense? And, having it, shall we not use it?



Dr. Arthur DeVoe advises stretching the sphincter ani for asphyxia of newborn children. This expedient has frequently proved useful in chloroform asphyxia, and there is no apparent reason why it should not be equally valuable for the newborn infant who does not begin to breathe promptly. The introduction of the warmed and oiled little finger accomplishes this object and supplies some information as to the condition of the parts.

The editor has never employed this expedient for asphyxia but has found that it promptly relieves constipation with pangs that refused to give way to the anodynes administered by seven preceding physicians—not one of whom had examined the nether extremity of the child sufficiently to discover the tight sphincter that constituted an insuperable obstacle to defecation, except after enemas.



You cannot cure pruritus ani while there is autoinfection. In every case eliminate and examine for ulcer or catarrh of the rectal ampulla. These being excluded, carbolic acid or citrine ointment (ten per cent) will cure when everything else has failed. Nitrate of silver solution may be tried in cases where the skin is wrinkled and white.



Hatfield advises for lymphatic, gouty persons a breakfast of fruit alone; no meat, bread, coffee, cereals.

Berliner proved the existence of spasmodic contraction of the compressor urethrae by inserting a rubber tube into the bladder.

GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

HYOSCYAMINE IN NERVOUS INSOMNIA AND IN TREMORS.

ERRORS of symptomatic therapy, said Dr. Trenel to the Medical Congress at Brussels, may turn benign, easily-curable cases into incurable ones, when the treatment is directed toward the disturbed functions of nutrition as a cause. If sleep does not come at proper time there may exist some greater reason which acts against some smaller functional disturbance, and far from attacking it, it is rather urgent to repair the evil against which the insomnia is really a means of physiological defense.

Excretion is a function most intimately connected with sleep. In persons whose nutrition is slow it is this need of excretion which keeps up a vascular tension beyond normal limits, and to procure sleep for them we must employ remedies which do not naturally increase, or, better, which do not favor such vascular tension. In simply nervous (neurasthenic and hysterical) persons, we must reject the use of those chemical hypnotics which jugulate, at once or secondarily, vascular tension.

We have hygienic remedies which act on the excretory functions, and physical remedies which act on nutrition and excretion. The lacto-vegetarian diet and the use of laxatives will meet the last indications, and the third indication may be met with baths of a variable temperature and duration according to indication which can be easily determined. Persons who can stand well a change of

temperature may get cool baths of a descending temperature from 34° C. to 41° C. (98.6° F.—105.8° F.), lasting half an hour.

In patients whose cardio-vascular function does not permit to be urged on without more or less danger we must have in view the increasing production of heat, and have recourse to hot baths of an ascending temperature from 37° C. to 41° C. (98.6°—105.8° F.), lasting from five to eight minutes. Heat acts as a direct exciting energy on the nervous system and produces rapidly a considerable vascular dilation which diminishes the total resistance and augments the useful part of the heart's work.

The physiological salutary reaction of this therapy comes in evidence by the perspiration sometimes becoming very abundant, which accompanies the return to hypertension, and by a considerable augmentation of the urinary secretion. We may meet with patients under this treatment whose anuria was the main cause of preventing their sleep, declaring themselves highly satisfied with a sleep which is interrupted by the frequent urgency to urinate, which, however, soon passes off.

When we add to all the above remedies the symptomatic and methodic employment of hyoscyamine we will then obtain the maximum good results, and this remedy may even allow us to dispense with the baths, the employment of

which are in many cases very difficult to obtain.

We will revert a little further on to the properties of this medicament.

Medicine has never been inspired in its efforts to combat this pathologic state, the semeiology of which is, as Dr. Metivier says, so full of great interest. Yet the interesting studies made in recent times by eminent neurologists throw light on the therapeutic point of view.

We know that tremors may affect the extremities, the patella, the lower maxilla, the head, the tongue, the eyelids, the lips, and the eyes. Tremors are distinguished by the number of oscillations they make per second. In vibratory tremors the oscillations are from eight to nine (general paralysis, exophthalmic goiter); middle tremors have six to seven oscillations per second (multiple sclerosis); slow tremors have three to five oscillations per second (senile trembling, paralysis agitans).

It can be said that there are, as in paralysis agitans, tremors of repose (forced tremors of Van Swieten) and those accompanying voluntary movements, which is the type of *sclerose en plaque* (multiple sclerosis), and that there is a difference in the type. We must, therefore, conclude, that there are, as in chorea, abnormal contractions of repose, and abnormal contractions during movements, as in ataxia. We must, therefore, distinguish the transition forms of the tremors and their variations, from a semeiologic point of view, remembering at the same time that some forms are as yet ill defined.

Can we graphically differentiate these tremors? Are they not nearly the same in certain cases, as in alcoholism, emotional conditions, exophthalmic goiter,

neurasthenia, etc.? Leaving aside the questions of differentiation and transition of the various tremors, we pass from the semeiology to their treatment.

It is demonstrated that hyoscyamine, which acts upon the great sympathetic, is the most efficacious against tremors. Convulsive neuroses and congestive affections of the cord and brain are markedly sedated by it. Its action is felt on the central nervous system when there is in it a material or functional alteration, as in locomotor ataxia, in delirium tremens, chorea and paralysis agitans. In most cases of that kind, hyoscyamine, when methodically employed, gives the best results. In all affections which depend upon a congestive state of the nervous centers, the physician will find this remedy, if not perfectly curative of them all, yet far more than merely palliative. In paralysis agitans hyoscyamine calmed decidedly the pains of the neck, diminished the salivation, markedly reduced the tremors and gave sleep. When the remedy was interrupted the symptoms of the affection were not tardy in returning.

Hyoscyamine introduced directly into the blood is a powerful sedative of the central nervous system and of the heart, and has a special dilating influence on the pupil. It is eliminated by the urine without being decomposed by renal filtration. A certain master said of it, with good reason, that it is an excellent hypnotic and calmant, stopping nervous erethism produced by high doses of divers excitants. Besides its sedative action on the central nervous system hyoscyamine is also a valuable hypnotic, procuring with a dose of three or four milligrams a calm and profound sleep for many hours, and if it does not do



Bier says the blood-clot is a direct agent in facilitating the union of fractured bones.—*St. Louis Med. Review.*

Viola l'avantage de la dosimetrie sur l'allopathie, qui est la médecine du fait accompli, c'est-à-dire la plupart du temps impuissante.

that it suppresses all agitation. As a sedative against pain it ought always to be preferred to atropine when given to infants, to anemics, to persons predisposed to delirium, because of its superior hypnotic action and its feebler toxicity, its less marked tendency to produce agitation and delirium.

The usually sufficient dose of hyoscyamine to produce a hypnotic effect with sedation of the nervous system in ordinary practice varies between one and three milligrams (gr. 1-67 and 3-67), which may be increased if it is tolerated and if it is necessary.

In mental diseases these doses are for the most part insufficient, and it becomes often necessary to push on to ten and twelve milligrams (gr. 5-33 and gr. 2-11) to procure a sedative and decided hypnotic effect. Dilation of the pupils and dryness of the throat are not necessarily indicative of a maximum dose reached, but if along with these there supervenes a tendency to delirium the dose must be diminished or the medication entirely suspended for the time.

These doses, let it be well understood, refer to a pure hyoscyamine, and not to the commercial article which varies in proportion from one to forty of the degree of purity. Sometimes, too, the commercial hyoscyamine contains hyoscine, whose activity and properties differ widely and may cause severe disappointment and accidents.

(*Revue Therapeutique des Alkaloides*, Febvier, 1905.)



DOYEN AND HIS CANCER CURE.

From the *Gazette Medicale de Paris*, No. 2, p. 15, 1905, I glean the fact that



In stomach patients inquire particularly concerning pain and its relation to meal, both regarding character and time.

Dr. Doyen, an eminent French surgeon, claims to have discovered the cancer bacterium, which he denominates *Micrococcus neoformans*. Metchnikoff, the great bacteriologist, gives his personal adhesion to the claim as a fact. Doyen has made a serum which he believes will cure cancer. The matter as it stands now, after considerable discussion in the professional and nonprofessional prints is summed up by Dr. R. Grisel in the *Echo de Paris*, as follows: "Dr. Doyen made the first and the most important step in demonstrating his discovery. The existence of his microbe is incontestable. His serum produces a favorable modification in the tumor, so that it is possible to remove it, a thing which was before nearly impossible. The third of Dr. Doyen's propositions, to wit, that the serum prevents a return of the evil after primary removal, has, of course, to be confirmed after months and years. However, in one of his cases the disease has not returned after two years, and that was a case in which the return could be counted on as certain."



CAUSE, PROPHYLAXIS AND SERUM DIAGNOSIS OF GASTROINTESTINAL CARCINOMA.

Kalding, of Dresden, reported to the convention of the Naturalists and Physicians, in 1904, on the above subjects, and first of all he explained the process of his reflections which brought him to the theory that "cells foreign to the body [THE GLEANER proposes the Greek "somatoxemic" — body-strange] are the cause of malignant growths." He demonstrated some tumors which were produced on dogs in which he injected em-

One of the causes of the increased prevalence of consumption among negroes is increased prevalence of venereal disease.

bryonic matter from hens and swine, and which showed the character of malignancy under the microscope. The speaker had, moreover, tried to analyze twenty-one carcinomatous tumors, and one mammary carcinoma of the dog, by means of the biochemic method of albuminous precipitins, and found the source of infection in thirteen. [As to what "precipitins" are, THE GLEANER refers the reader to Bosanquet's Serum, Vaccines, etc., reviewed on page 1098 of the October, 1904, CLINIC.]

Nine cases were traced to the eating of hen's eggs, and of these one was carcinoma of the esophagus, five gastric carcinomata, two of the colon, and one of the rectum. Four other carcinomatous tumors were traced to the introduction of living embryonal matter of the swine into the human body, and these were carcinomata of the mammary gland, of the testicle and the ovary. The way of that introduction is as follows: The impregnated uteri of the slaughtered animals are worked up into food for dogs, and are comminuted with the same implements (flesh knife, chopper and block), used for cutting ordinary meat. The embryonal cells can enter the human body either by eating raw meat, or by stings of carnivorous insects, or by flies, for instance.

The test for the foreign animal albumin present in the tumors, the author carried out in three different ways: (1) Injecting a pulp of the carcinoma into rabbits, and precipitating the albumin of the hen and also of the swine by the blood serum of those animals (rabbits). (2) Injecting of albumin from the hen, or swine, into rabbits, then precipitating tumor-extract by means of the serum

from those animals (rabbits). (3) Formation of groups of tumors, by finding out an animal carcinoma which has the same kind of albumin with a human carcinoma, and then making further injections with the pulp of that animal-carcinoma, then try which human carcinoma is also precipitated by the latter serum.

Kelling examined the blood of fifteen patients with carcinoma of the esophagus, stomach and bowels, and ten times found precipitins; eight times against egg albumin of the hen, and twice against albumin from the swine. This method allows, when proper precautions are had, to form a sure conclusion on carcinoma, when the result is positive. The speaker had once performed a laparotomy on the sole positive result of a blood serum diagnosis, and found carcinoma of the stomach, which was obscure before.

In conclusion Kelling spoke of the prophylaxis against carcinoma. The uteri of the slaughtered animals must, he said, be confiscated by the meat inspector, and eggs should be sterilized before they are put on the market for sale. He proposes to kill the germinal disc (spot) with the electric spark of the induction apparatus. Dogs and cats should be banished from human habitations. Prophylaxis against carcinoma promises far better results, than against infectious diseases.

From the source above I glean the fact that Dr. R. Behla contends in a book he published in 1903 that cancer is of vegetable parasitic origin. The idea is strenuously opposed by Dr. E. Uhlman. —*Wiener Med. Wochens.*, p. 335, 1905.



Laennec discovered auscultation and invented the stethoscope in 1818; the first "thoracic eavesdropper."

Galileo invented the thermometer but Wunderlich introduced it in medicine, introducing thermometry.—Daland.

MISCELLANEOUS ARTICLES

ACTIVE-PRINCIPLE TREATMENT OF DIGESTIVE DISEASE.

I HAVE read with interest the article by Dr. E. Marty in the March CLINIC, on Alkaloidal Therapy in Diseases of the Stomach, and the judicious comments of the editor on the same. It seems to me important even for the friends of alkaloidal medication to consider the objections which may be raised against it. These objections are due to misconceptions and unfortunate tendencies of the method rather than to the essential principle upon which it depends.

In the first place the term alkaloidal therapy is a misnomer and, like the term allopathy, which we are now so anxious to discard, may be the source of much unfortunate misconception in the future. No intelligent physician can expect to treat disease by alkaloids alone, and a large part of the remedies used in so-called therapy, in the form of granules, are not alkaloids at all. The essential principle of this method is the use of remedies in their purest and simplest form and in exact dosage corresponding to the effect desired. This principle is most highly to be commended and may have most important applications in the treatment of diseases of the stomach. This would contradict the routine employment of the many digestive mixtures which are often examples of ignorant and inconsistent polypharmacy. The use of pepsin in cases where the analysis of stomach contents or clinical experience has shown that it is already present, is a contradiction of this essential principle.

Another danger of the granule therapy is the undue emphasis of the small dose. It is so alluring to cure disease with the seemingly infinitesimal granule that we are loath to prescribe doses of hydrochloric acid which necessitate the dispensing of considerable quantities of liquids and the possible resort to the druggist. And yet experience in stomach therapeutics shows that if we are to have good results from hydrochloric acid we must give it in doses which cannot be concealed in a granule or put into a capsule. If we examine the remedies used by the foremost gastric specialists we find that a large part of them are not only *not* alkaloids, but must be given in very considerable doses. If we calculate the amount of sodium bicarbonate necessary to neutralize the excess of hydrochloric acid in a pint of hyperacid gastric contents of 70 degrees free acidity, assuming the normal free acidity to be 40, we find that it will require 2.94 Gm. or 45 grains.

A great advantage which may be claimed for the granules is that they are palatable and avoid to a great extent the inconvenience of taking bitter medicine. But in the treatment of stomach diseases the administration of "bitters" has always been deservedly popular and therapeutics has been unfavorably influenced in the province of digestive ailments by the introduction of pills and capsules. The reason for this has been explained by Pawlow, who has shown that bitters have no power to affect the

digestive secretions except as they arouse the appetite, and they affect the appetite apparently only through the sense of taste. If we are to secure the most potent effects of our remedies in the stimulation of gastric digestion, it would seem that they must be given in solution and their effect upon the sense of taste secured. It is probable that here we could achieve the desired results with a smaller and less unpleasant dose if we took care to secure the access of the remedy to the gustatory nerves. In other words, if the coating of the tongue that so frequently obtunds the sensibility of these nerves were removed before taking the medicine, without doubt its effect would be better. Given these conditions it remains to be discovered what is the smallest dose necessary to produce the desired result. It is probable that the appetizing effect is produced by small or moderate degrees of bitterness rather than by the overwhelming doses which are directed by our text-books. Would not repeated gentler impressions on the sense of taste be of greater effect than a single nauseating dose? It appears to me that here is an interesting field for therapeutic experiment and clinical observation.

I am surprised that Dr. Marty makes no reference to atropine in the treatment of hyperchlorhydria. If any remedy is indicated from physiologic experiment, as suited to the control of this disease, it is atropine. Yet experience with it has been disappointing. I feel sure, however, that it deserves further trial. The introduction of jalapin as a laxative is an advance which ought to be of great value in the treatment of intestinal disease. The relations of the sympathetic

nervous system in general and especially of the vasomotors to the pathogenesis and therapy of gastrointestinal disease have been insufficiently studied. Cold hands and feet, so commonly complained of, are evidently due to disturbance probably in the nature of vasomotor paralysis in the splanchnic area. Arteriosclerosis plays a great role in diseases of the stomach and intestines, particularly in advanced age.

Here, without doubt, is an opportunity for the intelligent application of alkaloids and active principles in doses just sufficient to produce the necessary effect.

J. H. SALISBURY.

Chicago, Ill.

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Your comment on Marty's article is most welcome. I find nothing in your remarks with which I do not agree in the main. We have most earnestly endeavored to impress upon the profession the fact that the alkaloidal methods do not constitute an exclusive system; but the people who do not read what we publish, persist in attributing this exclusive doctrine to us.

As regards hydrochloric acid, this brings up a point as to the action of the artificial digestants, which does not seem to be generally appreciated. It is obviously impossible to administer the ounce or more of hydrochloric acid which is required by the digestion daily. The doses of pepsin and other digestants usually administered are utterly inadequate to digest the average daily food required. Hence all that can be expected of such agents is to institute the respective digestive forces. When the natural forces of the system, which were inadequate,

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Emetine relaxes a rigid os and after delivery promotes the functions of the digestive apparatus, restraining bleeding.

Quinine is a uterine tonic, and strengthens and synergizes the contractions of the uterus; also restraining hemorrhage.

do commence, the forces will follow up and complete it, when once begun by artificial means.

But, after all, these agents do not strike at the bottom of the difficulty; and when we succeed in directing general attention to these uniformly-active agents, we trust it may be made clear which among them stimulate the secretion of hydrochloric acid by the gastric apparatus, and which the other digestive principles.

Atropine checks the secretion of hydrochloric acid and of all other secretions as well. Possibly its most direct antagonist, pilocarpine, stimulates the secretion of hydrochloric acid as it does the other representative of a group, whose action is known to be similar, but we do not know that their action is identical. A study of the group may indicate the special fitness of each of these agents as a stimulant or sedative of one particular glandular-secretion more than others.

Just so we have a strychnine group which should be similarly tested. In one notable case of paraplegia when strychnine furnished in maximum doses had failed, we obtained very great relief from the administration of thebaine. Obviously such studies have been possible when variable conglomerations of remedial agents of antagonistic principles in varying proportions were employed; but with the separation of these agents we may reasonably look for a vast increase in our means of meeting specific conditions with specially fitting remedies.

In regard to the administration of bitters, judging from chemical observations alone, we have long been convinced that the principal effect of these agents is due to the impression made by them upon the

terminals of the gustatory nerves, but the very objectionable principle of alcohol in the liquid bitters, leads us to prefer the use of quassin, berberine, etc., in granules, which are taken dropped in water. The fact that the infinitesimal quantity of quassin obtained in the use of a quassin cup has a distinct value, serves this view and also that of the superfluity of the ordinary doses used.

One sentence in your letter impresses me as so pregnant with significance that I should much like to hear your views upon it in extent. I refer to what you say as to the role played by arteriosclerosis in diseases of the alimentary tract.—
ED.

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TO SAP AND MINE, OR STORM— WHICH?

It is a poor system of practice, medical or otherwise, from which one cannot extract some good. The lion which met Samson on his way to Timnah seemed useless after the man had split him asunder, and thrown his carcass by the roadside. But when he came back and turned aside to look at the remains, he found something of much use.

I do not propose to enter into the hot, somewhat venomous, discussion regarding the value of the "alkaloids" as compared with the "galenic preparations." A savage attack on the alkaloidal idea appeared in an eclectic magazine two months ago, which I read with some surprise, remembering that over fifty years ago alkaloids and concentrations were first brought to my notice by an old eclectic doctor in an eastern county of this state, and their nature and uses explained to me later on by a very success-

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Cannabis Indica quells useless pains and stimulates the atonic uterus quicker but not so long as ergotin does.

Glonoïn in labor finds its field in relaxing spasm, hour-glass contraction, fainting, collapse, threatened heart failure.

ful doctor in a neighboring city, who believed in them and used them, in spite of the fact that he was the proprietor of a flourishing drug store in the city.

But there is one principle which I think I have learned from the "alkaloidists," and that is, the method of attacking and driving out the invader, disease, and this method I employ when I use the "galenics," for I carry Merrell's "normal tinctures" in my satchel along with a fair amount of alkaloids.

How vividly I recall the attacks of croup I used to have when a child, and the doses that used to be forced into me. The old family doctor used to come in with his pockets stuffed with bottles, and there was a huge mass of powdered lobelia and ipecac mixed up in the largest tablespoon in the house, with molasses, and partly coaxed, partly forced down my unwilling throat, with the old maid of the family standing by with a saucer of quince preserve to kill the taste after it was down. And then, after the cough loosened up the second or third day, came the regular sequence of "physic," a huge powder of mandrake and jalap, which rendered necessary the biggest raid on the preserve jar. It took more quince and peach preserves to carry me through a "cold" than it did to feed the sewing society when it met at our house!

That was the way the attack on the enemy was made in those days. It was storming the citadel, and great was the slaughter, on both sides, for it took some days to get my stomach in decent condition, and stock up the family patience for my next attack.

And then the compound of dandelion, barberry bark, wild cherry and yellow dock that was made up in a quart jar



Ergot should never be used in labor till the os and perineum are fully dilated and there is no obstacle to quick delivery.

and mixed with sherry wine, that masqueraded as "spring medicine," to say nothing of an occasional touch of "summer complaint," which was drowned out with huge doses of tincture rhubarb or "elixir pro." Well, we lived through it somehow, and I have a sneaking sort of regard for that old style of eclectic practice, just as I have a certain veneration for the orthodoxy of Jonathan Edwards and Professor Park. It served the purpose of a hard-headed generation of men and women, and acted as a preservative. In fact, I find myself often reverting to some of those old remedies; for instance, an application to the chest of goose oil and compound stillingia liniment, the preparation of which latter seems to be a lost art, except to the houses of Merrell and Lloyd.

But times have changed, and we have been tending towards the sapping and mining style of warfare. It is the fashion of some of us to attack and dislodge disease by methods that do not result in such a smashing of things generally. If a dog has fastened his teeth in a man's leg I can proceed in two ways. One is to pull the dog off by main force, and take half of the leg with it; the other way is to chop the dog's head off with a hatchet and then pry open his jaws and leave the man his leg.

Now I am called to a case of severe cold, which in these days seem to take on the form of "grippe." The tongue is thickly coated, pulse and temperature high, bowels constipated, and stomach rebellious. I open my satchel, take out case number seven and lay out ten tablets of pink calomel, gr. 1-10. I give one at once, letting the patient chew it and take a swallow of water. I count out fifteen pellets of defervescent compound

It would be wise to drop all other preparations of ergot and substitute cornutine which gives the desirable effects alone.

No. 2, if a child, and give one. Then I apply the goose oil and compound stillingia liniment, and bandage on a layer of absorbent cotton. Fifteen minutes have elapsed, and I give another defer-
vescent granule. Fifteen minutes after I give another with a tablet of calomel. Then I count out a few granules of emetine and lobelin, with directions to give one each on alternate hours, the calomel every half hour, and the defer-
vescent very half hour; but I give one as a parting shot, and exploring under the arm pit I find that a perceptible moisture is felt. I order the defer-
vescent used until the perspiration is marked and the pulse and fever subside, when it is to be used only once an hour. The hard cough is beginning to yield, and I trudge home satisfied.

The next day a pair of laughing bright eyes greet me as I enter the chamber, and the patient wants something to eat. I ask if he likes clams, and they generally do around here. I order some nice fresh clams steamed, and the broth seasoned with salt and a pinch of capsicum, and a few soda biscuits broken in it. Meanwhile the tongue shows that my calomel has ferreted out the microbes and I send a tumbler of saline laxative to drive out the ferret. The only limit I put on the clam-juice is the desire for it, and follow each portion with a calcium sulphocarbolate granule, 1-6 grain, or perhaps two.

The next day my patient is up and around, on the high road to recovery, with no disturbance of stomach or intestines to bother with. If there is some lingering weakness or lassitude, I give 1-100 grain of quinine (I prefer the hydrochlorate) three times a day for a

couple of days and my connection with the case is over.

Now, in this homely way, I have tried to compare what I consider the eclectic treatment of today with that of the past, as illustrating the principle that "alkalometry" has taught *me*. If others have not learned what I have from it, it may be that they have not recognized the *principle*. For our combat is with diseased bodies, and there is doubtless a psychic involvement also, but you don't want the "imponderable," and I leave out of the discussion the part which the will of the physician and his faith in his remedies plays. For if the man who joins in the attack on a fortress fears that the handle of his pickaxe or shovel may break at the first stroke, or if he goes out with a storming party, believing that his bayonet may break, or the breech blow out of his gun at the first shot, he cannot take with him the heart that overcomes and wins.

If the city has been occupied by the enemy, it is not necessary to batter it down to dislodge him; he cannot be driven out, or captured by well-directed approaches, and the city left intact after it is won. This is the lesson that alkalometry has taught me. I know that it is a common idea that the homeopathic school has been the means of reducing the volume of our doses, but I do not see it in that light, much as we owe to their researches. It is the dosimetric idea of "pounding away" at one point until it yields, that has worked this revolution, the feeling one's way up to the result and stopping when the result is reached. I am not an exclusive "alkalometrist." I have found many valuable remedies from which no satisfactory alkaloid can be obtained, and in such cases I take up



Cornutine is the active principle of ergot that gives the desirable effects, sure, quick, exact, unvarying—ideal.

Gossypin is said to closely resemble ergotin in its action on the uterus at term; but does not contract arteries to gangrene.

my normal tincture, or green fluid extract. (Deliver me from the ordinary fluid extract.) I take these preparations in my hand with the same measure of confidence that I do my granule concentration. But I have learned to use them by commencing with a dose below the minimum and working up to the effect, and this I have learned by studying the underlying principle of alkalometry regardless of the form the remedy may take.

As to the attacks on those who are the promoters of this system, or the question of the advisability of breaking up the atoms of drugs, and separating them, I leave it for the champions to fight out, as did David and Goliath. The only real guide one can have is his own experience. If I ever come to the belief, that in order to get all the enjoyment and good out of an apple I must eat the stem and part of the limb it grows on, I will try and arrange my teeth and stomach to conform to the belief, but I haven't got there yet. I eat all of a shoot of asparagus when it is tender, but after I gnaw the kernels of corn off from the cob next summer, any one may have the cob who wants it.

I have never had a failure with any of the alkaloids I have used, but I have not used all of them. The result I aim at I invariably get, although as I say, there are some remedies that I use from which no satisfactory alkaloid has yet been obtained. One of these is echinacea which, by the way, is not used nearly to the extent here that it is in the West. The dose of the normal tincture is given by Fyfe, as 10 to 40 drops every four hours. But just try one drop every hour or even every half-hour during the day in a case of rhus poisoning or hives, and see how

it gets in its work. You may douse a pail of water on a man's head and not disturb him much, but set him in a chair and let it fall on his head, drop by drop, and you will hear from him before it has half run out. This illustrates the principle of alkalometry as I understand it. A buck will run away with a pound of No. 42 caliber rifle bullets shot into his hide from a blunderbuss, but one single one will fetch him if fired from a rifle well aimed.

J. R. PHELPS.

Dorchester, Mass.

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Dr. Phelps has extracted the alkaloid from alkalometry—not one but several! To find the right remedy and use it; to use it with a distinct understanding of the effect that it should produce, and to produce that effect; to bombard the citadel continuously until it yields, with dependable ammunition used in the most effective rather than the most bulky form, and not to "scatter;" to select remedies that can be depended upon and which can be taken without disgust; these are fundamental principles in alkalometry. That Dr. Phelps understands these principles his letter fully testifies. —ED.

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ONE OF THE SUCCESSES.

I was called August 29, 1904, to see Baby H., age two months, a wee little fellow, just skin and bones; skin yellow as a pumpkin. He was coughing, wheezing and choking; temperature 103° F., the abdomen puffed up, tight as a drum-head, with a very bad smelling discharge from the bowels. Examination disclosed an acute case of tonsillitis also. Diagnosis, general malnutrition to begin with,

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Aletrin is employed to relieve false pains, conserve the strength and take from labor the unnecessary part of the pains.

Caulyphyllin is perhaps the easier of labor best established by trial; for false and after-pains, saving strength till needed.

icterus neonatorum, enterocolitis, with quite marked respiratory disturbance had been treated from its birth by the regular family physician, but was getting worse all the time, so they said.

Treatment—I first gave it ten pink calomel tablets, one each hour, followed with oil to clean out and arouse the glands. For the throat, calcium iodized, sulphocarbolate of zinc and phytolaccin. For fever, aconitine, small doses, often repeated. For the bowels, the intestinal antiseptic tablet, arsenite of copper and bismuth subnitrate. As a tonic, nuclein and lactopeptine, with a thorough rubbing in of cod liver oil two or three times per day, following a normal salt bath.

The babe was crying and fretting all the time. I requested the family to let me hear from it in two days. They reported the second day that the baby was better in every way, but was still coughing and choking a little. I sent more calcidin. I didn't hear from it any more till I got a supply of lecithin on September 7, when I went to see the baby. It was sound asleep, fever gone, bowels in good shape, the skin clearing up, and taking nourishment right along.

I had had it on nuclein right along; I now put it on lecithin and stopped everything else, except the cod-liver oil. Haven't seen it since, but hear from it every day or so; it went right on without any more trouble, and was as fat as a pig in two or three weeks, so they told me. As to how much of a part lecithin played in the case is not of as much importance as the up-to-date plan of treatment is, over the old text-book fogysm.

I got \$4.50 out of the case, where, my friend, the other physician, must have gotten some \$15 or \$20. That's the way

it goes—most of my bill was in “consolation.”

T. M. M.

—, Arkansas.

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We thank you sincerely for your report of this case and note, with interest, your experience with lecithin, and we trust that you may have the opportunity to try this remedy more extensively, and if you do so, we shall appreciate a detailed report as to results, whether they be favorable or the reverse. It is in this way that we get the real value of a remedy.—ED.

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WAS IT HYSTERIA?

We published in the February CLINIC a case that interested us very much and upon which we asked some expressions of opinion from the readers of the CLINIC. In our comments upon the case we suggested that the cause was probably hysteria, but that it was not possible to exclude entirely some infection, as a factor in the remarkable array of symptoms. Since then we have submitted the case to a number of our best men. For instance, Dr. Geo. F. Butler is in accord with our diagnosis. Dr. James G. Kiernan, who is an encyclopedia of information and knows all the “ins and outs” of every conceivable neurologic or psychic state, agrees with us in the main, but says: “The word hysteria is a little objectionable, as conveying to many minds the idea of simulation pure and simple. Hysteria is a real nervous condition with biochemic changes which may be followed by secondary organic ones.” His letter follows:

It may be of interest in connection with the case of Dr. E. R. Myers, of

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Pilocarpine causes uterine contractions and most quickly eliminates toxins that would give rise to convulsions,

Pilocarpine is the most certain and powerful agent known to increase or restore the secretion of a mother's milk.

Ursina, Pa., to learn that the opinion expressed by you has long been held by neurologists and clinicians anent such states. Nearly two decades ago I summarized (*Alienist and Neurologists*, 1886) my own experience and that of other neurologists and clinicians, as follows:

There is a vasomotor disorder (Raynaud's disease) characterized by blood vessel tonic spasm producing syncope, gangrene and asphyxia of the parts supplied by these blood vessels. In local syncope the parts affected are dead, numb and pallid. In local asphyxia the parts are blue or mottled, lower in temperature than normal, and the seat of intense burning pain. Both circulatory disturbances may be attended by diminished tactile sense and local sensibility; restoration of the parts to their normal condition may occur, or one (local asphyxia) may end in scleroderma. These phenomena occur not only in paroxysms but often intermittently, and the entire disease is frequently characterized by pronounced remissions. Gangrene occurs only as a sequence. It occurs as dry gangrene or mummification, as the form resembling frost-bite, and in dry hard plates or parchment metamorphosis of the dead tissue. It is usually attended with much pain, but it is not the cause of septic complications or of death. Local syncope frequently occurs independently of sequential changes. It may be due to peripheral impressions as seen in the action of cold, or the central biochemical excitation. Local asphyxia may be observed alone in all the grades, from the mottling that is seen in delicate children exposed to cold to that which has been described as pathological to the cyanosis that attend heart disease or occurs with scleroderma. This disorder occurs most frequently in females, at an early age, and after a previous debilitating disease, or in the course of some diathetic ailment.

There is, as you point out, a danger of the autosuggestibility of the hysteria, ac-

companying these conditions, causing a tendency to recurrence. This is aided by the rhythmical tendencies of the nervous system around the menstrual period. The hysteria consequent on quasi-organic states is peculiarly autosuggestible.

JAS. G. KIERNAN.

Chicago, Ill.

Dr. G. Frank Lydston writes as follows regarding this case:

The case is not complete. Urinalysis is not shown; the case may have been diabetic. I suspect, however, that it was of neuropathic origin and akin to Raynaud's disease. That it was tropho-neurotic seems probable. Cases of an analogous character are occasionally seen after the exanthemata, due to secondary toxemia; toxemia always exists in vaccinia to greater or less degree. The bacillus pyocyaneus is given credit for similar conditions. If an examination for this germ was not made then there is another flaw in the scientific study of the case and a possible opportunity for a correct diagnosis lost.

To clear up the points about which Dr. Lydston writes we submitted the matter to Dr. Myers, who replied as follows:

In reply to Dr. Lydston I would say that the urine was examined during the initial attack and exhibited a slight febrile albuminuria. No sugar. The urine was normal with the exception of excess of phosphates and urates between exacerbations. Usually just before the inception of the gangrene it was increased markedly in quantity, was of low specific gravity and always acid. Sugar was never found.

No pus examination was made for this reason: it was never present except in the line of demarcation forming after the gangrene became dry and during the granulation of the excised area. There was never suggested to my mind the possibility of the presence of a specific microorganism.

The suggested similarity to Raynaud's disease occurred to me, but the lack of



Jaborandi may increase or stop milk secretion, as the pilocarpine or the jaborine happens to be present in excess,

Atropine most certainly stops the secretion of the mother's milk; give it till the mouth begins to feel dry to the patient.

symmetry, the fact that the extremities were unaffected, the abrupt onset, absence of, or rather, merging of the states of syncope and asphyxia with that of gangrene, the absolute localization of gangrene to the left arm and the spot over the left ovary and the absence of hysteric or other nervous stigmata or hereditary nervous influence led me to discard such a diagnosis. Hysteria I am sure may be excluded.

My explanation of the phenomena attending the case is this. The initial lesion of vaccination, either by the vaccine virus alone or aided by some extraneous toxin, produced a localized area of lessened vitality. Before this could recover its normal tone, excessive mental excitement, favored, no doubt, by the uterine and ovarian condition, produced a neurotic condition manifesting itself in vasomotor spasm. This, however, without the presence of the already lowered vitality in the affected part, would have exhibited only the subjective discomforts of hot flashes, chills, formications, etc., often attendant upon disorders of the female genitalia. But, in this one locality this vasomotor spasm was sufficient to produce the phenomena observed. Immediately it spread by continuity, much as a flame creeps along a log, until a considerable surrounding area was affected (*vide* report of initial attack). But no subsequent attack was so incontinently severe, therefore the area became more and more closely confined to the scar tissue of the first granulations. Gradually less and less of that was involved.

No doubt as the case progressed the patient's mentality was directed to the recurrence on occasions of excitement or the approach of the menstrual period, and possibly to a certain extent the recurrence became habitual, i. e., by previous and successive occurrences the vasomotor spasm became also localized.

The spot on the abdomen over the left ovary I am at a loss to explain unless it be that the constant pain and the stress occasioned by the inflammation by that

organ finally so directed the mentality of the patient to the, to her, apparent location of the organ, as to influence the sympathetics to a similar vasomotor spasm in that area.

I shall be very glad to hear the case discussed.

E. R. MYERS.

Ursina, Pa.

—:o:—

Dr. Myers has given a splendid description of what he believes to be the pathogenesis of the case, and we believe he is in the main correct. How closely his ideas fit in with those of Dr. Kiernan will readily be seen by a perusal of the two letters; indeed we are all pretty well agreed except perhaps in the matter of definition. The information contained in Dr. Myers' second letter rather adds to the belief in the neurotic basis of this trouble; evidently there was hysteric (?) polyuria just preceding the attacks, as well as increased phosphates. Of course we know little of the family history, from the doctor's description, but we can assume that the father was a drinker and possibly a periodical drunkard—and this is presumptive evidence of neuropathic origin. As we have said, the diagnosis of hysteria hinges upon the definition of hysteria; if we agree with Dr. Kiernan in this (as we do) that this is something more than simulation, then the diagnosis seems fairly safe. In other words the patient had a diathetic fault which permitted the magnification of an otherwise mild infection far beyond normal proportions.—Ed.

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HOW ONE HOMEOPATH "FOUND HIMSELF."

On September, 1893, while clearing out the usual bunch of samples that will

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Phytolaccin and camphor monobromide tend to dry up the secretion of milk; may be used as succedanea to atropine.

Phytolaccin given to cause faint nausea most powerfully dissipates congestions of the mother's breast.

collect, I found a box of alkaloids, but a call came at that point and the box was forgotten, until a sample copy of the CLINIC came; this, by the way, was in some manner taken to the lake, where one evening for want of something better to kill an hour, I took it up. The result was that it was read and reread, and on returning home I found two older copies.

Then I looked up the little box of granules, where I found aconitine, atropine, nuclein, strychnine arsenate and some B. U. T. pills. These last were in a wooden vial and had absorbed moisture, consequently had spoiled. The others were in a seemingly good condition, and I concluded to use them at the first opportunity. While all the granules had been in my office five years I got a finer action from the aconitine than I had ever obtained from any tincture of aconite I had ever used. The other drugs gave just as good an account of themselves.

I then ordered the CLINIC and a small stock of granules, then the three volumes of American Alkalometry. These called for more granules and a 12-vial case and this soon gave way to a 162 two-dram vial case, of which 123 are filled with the little wonders, and is the most complete outfit I ever had in the 23 years of my practice. Of course one does not use all of them once in four months, but when wanted its like the man in Texas with the gun. I have disposed of nearly all of my liquid drugs, and in fact have not gone outside of the alkaloids twenty times and then was out of the granules I wanted.

I was at a loss as to what I should do for a materia medica, but have solved that problem. I noticed a decided hys-

terical condition of not only the many writers in the CLINIC, but quite a convulsive movement in our good friend Dr. Abbott whenever homeopathy is mentioned, and the more bitter the remark, the better it is relished, for which reason this letter may strike the basket with an awful thud when it is known that I am a homeopath. Perhaps my remarks will be construed as "treason to the King and there be no rock behind which I can hide."

I was taught to use the single remedy, or to alternate with small doses often repeated until the desired result was obtained. Give me the alkaloids and with them I can discount any German tinctures ever made. If I have fallen from grace because I do use the alkaloids, it was a lucky tumble, for now I know just what part of a drug I am giving. I get a clear understanding of my drug action, which is the secret of the whole thing—after you have cleaned up and out. I can't hold a case forever, but there is a heap of consolation even if less money.

Don't stand for school or dogma. Be a physician in every sense of the word! Every once in a while I see an article in the CLINIC where some one has been taken for a hated homeopath. Lord! What a thin-skinned backboneless cuss he must be. Those fellows want a good dose of saline to wash out their bowels, followed with the sulphocarbolates, with a dose of strychnine arsenate to "take up the slack." Keep them in the warm sun until sweetened toward all mankind, especially the brethren.

Should this meet the eyes of a homeopath, let him but try the alkaloids *just once*, and he will never use the tinctures again when the right alkaloid can be ob-



Were there no other use for phytolaccin it would deserve a place with us for its unequalled power over mammary engorgement.

Calcium lactophosphate given during pregnancy and lactation saves mother's teeth and supplies material for baby's bones.

tained. They can be run up as well as any other form, but you can't run them down.

PHYSICIAN.

—, N. Y.



ALKALOMETRY—FROM A MAN WHO KNOWS.

I have never penned a word on the general subject of the use of the alkaloids, nevertheless I have been a close student of the subject for the past seven or eight years. I have bought nearly all the literature on the subject and on my shelves may be seen bound volumes of the CLINIC, American Alkalometry, four volumes, Treatment of the Sick, Waugh's Manual, Shaller's Guide, Abbott's Digest, Diseases of the Respiratory Organs, Alkaloidal Therapeutics, and Burggraeve's Handbook of Dosimetric Therapeutics. And with this array of condensed information at hand one should be pretty generally informed on the subject, yet there is much in this library that I have not assimilated, but I mean to keep steadily at work.

Not long ago I was in conversation with a young doctor. The subject of alkaloids was mentioned, when he said, "I don't use the alkaloids." "If you use anything, you do," was my reply. Nothing more was said at that time. In a few days he repeated his assertion when I again said, "If you use anything you do." Then he demanded an explanation. To write all I said to him would take more time than I have for the matter. In general terms I said that under the head of alkaloids or alkaloidal practice was comprehended the treatment by active principles, which active principles were



Aconitine quickly and certainly dissipates milk fever if the bowels are kept clear and aseptic by proper means.

generally alkaloids, and in so far as his drugs contained active principles he necessarily used the alkaloids and got from them all of the remedial value that he used. "But," I remarked, "why don't you use the naked alkaloids?" "They are too dangerous" was his reply. The thought suggested to me was, Is it not better to give an absolutely known quantity of a dangerous drug than to give an unknown quantity of that selfsame "dangerous" drug and thus foolishly risk killing our patient with a feeling of false security arising from the fact that this dangerous drug is concealed in a little alcohol, coloring matter, wood, hay and stubble?

I am thankful and scientifically rejoice that when I give a patient aconitine, atropine, strophanthin, and so on, that I know: (1) Absolutely how much drug he is getting; (2) I know that I will get results; (3) I know these results when I get them; (4) I know when to stop. In the case of galenics I don't know what I am giving nor what physiological phenomena I'm going to get. It may be so much, or so much more than I want, that I am afraid of these galenicals and don't use them. To illustrate: I gave a cat hypodermically enough of tincture gelsemium to kill him—no result. Next day I gave him fifteen drops of nux vomica—dead in fifteen minutes. How am I to know which will kill and which will not? There would have been no trouble with gelseminine or strychnine; I could have bet on either and won.

Another doctor was talking the other day. He did not use the alkaloids because he didn't have a trained nurse with which to leave them and they were too dangerous to leave with the ordinary pa-

Quinine has been used for milk fever but it checks the secretion of milk; aconitine is better and does not affect milk.

tient or his attendant. I more than suspect that he lacks the necessary training in the physiological manifestations of drugs. But I asked him which is the safer to leave with the ordinary patient, an absolutely known quantity of drug or an absolutely unknown quantity? He knew that he had no way of determining what amount of active principle or agent was in his dose, so he took defense in silence. We continued our conversation after this fashion. Small doses of active principles until effect. "But how am I to know how much it will take to bring about these effects?" "How do you know this in regard to the galenics? If you don't know then you should learn. Go and stay with your patients until you see them and learn how many granules will bring about results."

I know that one granule of aconitine every hour in an adult will produce no harm as long as there is fever. More than this, I have given one granule every half hour for five or six doses without harm. I have given the inert, active and deadly drugs to an infant only ten days old with perfect safety, and left them in the hands of a mother who only knew to do as I told her without fail, and she saved her dying child too. The first principle and golden rule of alkalometry is "dose enough." Any old doctor can cure you with any old thing when there is nothing the matter with you, but when he meets true disease he fails. Emergencies occur in which something must be done and done at once. What are you going to do about it? Put on a mush poultice and excuse yourself? No, take in the situation, suit the remedy to the indications, and give "enough" to cure not kill. I saw a patient once who was

getting a solution of nitroglycerin so-called with no effect. I gave the doctor some of the granules and told him to push to effect, no matter how many it took. He did so and telephoned me the next morning that he never saw such a wonderful effect from any drug. Know your conditions to be met. Know the drug that will meet them. Give dose enough to do the work.

M. G. PRICE.

Mosheim, Tenn.

—:o:—

Now isn't this a wholesome gospel? At the last analysis alkaloidal therapeutics resolves itself into having remedies *upon which you can depend*, having them handy, and knowing how to use them, always "to effect." Common sense? Why ask the question.—ED.

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A HINT FOR THE NEXT LABOR CASE.

I had a hard case of labor the other day. First child, woman of 22. There was no progress after three hours' work, in which time she took two powders of quinine bisulphate, each 15 grains. Somehow the "*vis a tergo*" was lacking, there being nothing in the way of obstruction. I was determined to use my forceps, when the thought came to me that if the woman could be placed in a sitting position, as at stool, over a low chamber vessel, she might be able to help herself. This was tried, and when after the ten minutes spent in this posture, she was assisted back to bed, the head had progressed so that the perineum protruded like a ball. In two minutes more the child was well born.

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All the volatile oils appear in the mother's milk and tend to check its secretion besides affecting the nursling.

Rhubarb, senna, scammony, castor oil, salines, opiates, iodine, indigo, all appear in the nursing mother's milk.

Why not try this method?

I have had two cases of rheumatism of the abdominal muscles of long standing treated by many doctors for bowel trouble, which cases have yielded beautifully to the treatment I have used for years for other forms of rheumatism, viz: salicylic acid, colchicum and guaiac locally and internally to saturation.

Should like to see uterine diseases discussed. These are now seldom referred to in the CLINIC, and they are important to us all-around practitioners in the country.

L. P. SOLSNESS.

Revere, Minn.

—:O:—

Now, Brethren, we hope you will "open up" on uterine diseases. There's a lot to be said upon this subject.—ED.



A RECORD OF SUCCESSES.

I wish to report the following cases for the benefit of the family:

CASE I. My wife had been passing sections of tapeworm last fall. I gave her three trials of tapeworm medicine at three different times and each time a different preparation. She passed sections but that was all. About a week ago the stools contained sections again and she said she wanted Abbott's remover, so this time I ordered it. It reached me on the fourth day from ordering, so on the third day I "cleaned house," so to speak. At 2:30 p. m. on the fourth day I had the medicine; at 3 p. m. she had her first dose; at 4 p. m. her second dose; at 6 p. m. I had the worm, head and all—in all 25 feet long. I examined the head with the microscope, so am sure it all passed away. It came in one piece. She is the

happiest woman in town and says she knew it would bring it.

CASE II. In the orphan asylum I had forty cases of measles in three weeks with only two complicated cases; the one had sore eyes which was cured readily with boric acid tablets in boiled water, 4 per cent solution. The other is pneumonia which responded nicely to the treatment laid down in the CLINIC. In no case did the measles last over four days, and in most cases were over in three days. Treatment as laid down in the Digest.

CASE III. Called to see two children, a boy of seven and a girl of five years. This boy gets pneumonia every winter or it is no winter for him, it comes as regular as the season. I have had him for five winters now. The first winter I was practising with the galenic preparations and remember how I worked for four weeks to save him. It is different now. I give him fifteen defervescent compound granules, eight gelseminine, twenty-four zinc sulphocarb. in three ounces of water; one dram is given every hour until pulse comes to eighty and then one dram every two hours. In twenty-four hours he is practically well. Temperature was 104° F., now is normal, pulse 140, now is 72. Respiration 60, now 20. The girl held on forty-eight hours and then it broke. This is curing pneumonia *some*,—quite different from the old method.

CASE IV. La grippe in a married woman twenty-four years old. The messenger was sent for a doctor and got in the wrong office, so I got the case instead of the man sent for. This was a place to do work. Temperature 104° F.; pulse 120. Pain in every bone in the body. The first thing she asked me was whether



Iodides, salicylates, sulphides, atropine, hyoscyamine, if taken by a nursing mother appear in her milk and affect the child.

Laryngismus Stridulus:—Cut short the paroxysm by emetine, lobelin, copper sulphate, or any other emetic—apomorphine.

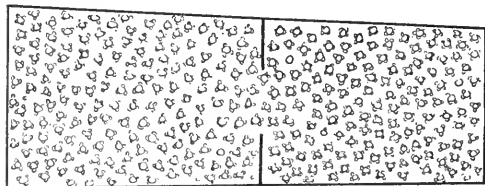
I was not going to give her an injection of morphine for the pain. I told her no. I would cure the disease and the pain would leave her. I gave her one coryza granule every one-half hour until mouth and throat became dry, then every hour. This was at 7 p. m. In the morning she got saline laxative. I saw her at 11 a. m., and she was free from pain and had been from one hour after I left her, that is after three doses had been taken. I then gave her aconitine and atropine one of each every two hours. Next morning she was quite well. I left her on triple arsenates, two at meal time. The husband paid me and said he had nothing but praise for my treatment and that if they needed a doctor in the future he surely would call on me, so I have added another family to my list, thanks to the alkaloids. I enjoy the CLINIC and the granules; do not see how I got along without them. My wife reads the CLINIC also and gets much good out of it, it being the only medical journal that she does read.

F. W. SCHILLING,
Louisville, Ohio.



A HANDY SPLINT.

I inclose a rough drawing of a splint that I have found easy to fashion and which costs but very little. I have made

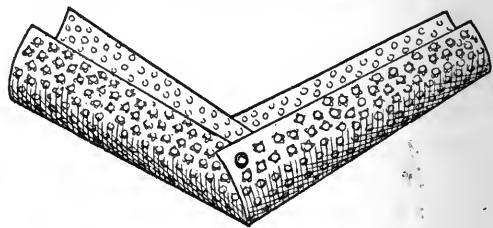


many out of the tin tops of lard cans, and so can our country cousins. This may



Laryngismus Stridulus:—The powerful antispasmodics, atropine, hyoscyamine, hyoscine, cicutine, cut short the paroxysm.

be a "chestnut" but some one may find it an addition to his present stock. I have just ordered another supply of the "specifics" and find them all you claim for them, and so pleasant—and, as the ladies say, "they look so cute."



This splint is made from tin and perforated with a wire nail from the inside. The "burr" on the outside will prevent any bandage from slipping. Cut one-third on each side and it can be bent and fastened as shown in the cut.

W. T. EDMUNDS.

Eutawville, S. C.



CAN WE CURE PNEUMONIA?

I like the CLINIC and think it worth many times the subscription price, and expect to hold on to it, as a "thing of beauty and a joy forever." The editors are broad-minded, progressive men, and, it seems to me, are moving along the right lines.

But I am seeking information. The CLINIC insistly preaches that pneumonia is abortable, and if this is true, it is my duty to know it and to know how to accomplish it. It is the duty of the physician to cure disease, and save life, to the utmost extent of his mastery of disease, all this, or he is without legitimate existence in visible and tangible form. Do I know how to cure pneumonia? Emphatically, no. Others may know how, but I do not, and would like to learn. Twenty-nine

Laryngismus Stridulus:—Aconitine, veratrine, asclepidin, gelseminine, any of the circulation-equalizers, cuts a paroxysm.

years I have been trying to learn, and am still in pursuit of the secret, still the long-sought and coveted prize eludes me. I can not say to that formidable and dread disease, "thus far and no farther." Here a question springs to mind. Are we yet prepared for and worthy of such power? It is to be hoped so.

But to return, am I nearer the secret today, than twenty-nine years ago, when I had little sense enough to be proud of the sheepskin handed me, and that entitled me to practise the healing art? It is to be hoped so.

The CLINIC seems to possess the great secret. If so, it is in worthy hands, and where no means of communication will be left unexhausted, i. e., where every means or method available of imparting it to the world will be called into requisition.

I have thought that the icebag was the most potent agent I possessed in this fatal disease. Was I wrong? Am I still wrong?

If I understand Dr. Shaller, aconitine is the Davidian stone with which we may knock out the giant.

Dr. Shaller, page 14, January CLINIC, claims that with aconitine, pneumonia may be aborted. By the side of aconitine I will write:

R Quinine sulph., gr. 18; morph. sulph., gr. 1; strychn. sulph., gr. 1-5; extract aconite leaves, gr. 3; Ft. pilulæ no. 12.

Sig: One every one, two or three hours, according to effect. And I say to you in all kindness and sincerity, I should expect with this combination, to accomplish more than with aconitine. Why not?



Laryngismus Stridulus:—No remedy cuts short the paroxysm so quickly and well as glonoin, hot solution dropped on tongue.

I think I know the learned and generous editors and contributors of the CLINIC well enough to predicate that they will excuse this Lilliputian thrust at the giant of alkalometry.

The aforementioned combination plus, the icebag, constitute my principal weapons—armamentarium—in all cases of pneumonia save the very asthenic. Do I cure all curable cases? I fear not. Bilateral pneumonia is certainly a very grave disease, at any age.

What is a curable case? One that may be cured, some one says, Ah, yes; that is so. Can't say that I ever cured a case. Some get well of course, but was it through my instrumentality? I shall neither affirm nor deny. It may be so, and it may not. I hope I have killed none.

J. I. T. LONG.

Allen, Md.

—:o:—

Doctor, have you tried the method of treating pneumonia advocated in the CLINIC? Really, we do not believe that you have, or you would not write this letter. That the active principles, when properly used *do* cure this disease is testified to by a very "cloud of witnesses"—and it hardly seems necessary for us to add another word here. But if you want to know more about our reasons for having faith in the alkaloids in pneumonia (and we are sure you do) then consult the volumes of American Alkalometry and see what has been said on the subject. Candidly we do not like to use morphine in pneumonia, nor the ice-bag, and we have better success without them. Of course you understand, Doctor, that no man can promise to cure every case of this disease. But if

Laryngismus Stridulus:—In intervals quiet nerves and prevent recurrence by nickel, arsenic or gold bromide.

he goes at the matter right he will be surprised at the number of cases which will yield.—Ed.



ACONITINE AND CALCIUM IODIZED.

The patient was a boy sixteen years old. I was called at 6 p. m. He was taken sick the night before. There was a history of "repeated attacks of colds for a month."

On examination I found very marked bronchial breathing; respiration 56, with so-called whistling rales. Temperature 103° F., pulse 122. No pain, but beads of perspiration were standing on the face and neck.

I made a diagnosis of acute bronchitis but felt that radical means must be used or I would have a case of bronchial pneumonia to deal with. As the tongue was heavily coated I gave calomel, gr. 1-6; and podophyllin, gr. 1-6, every half hour for six doses to be followed in two hours with a saline. One granule of aconitine was given every half hour for three doses then every hour until fever was down. One tablet of calcidin was given every half hour (in hot solution) until the breathing was easy.

I heard from him next morning by 'phone. His father said he was breathing a good deal better, temperature 101° F.; physic had only operated lightly; patient slept well after-part of the night. I ordered another full dose of the saline. I heard again in the evening by 'phone and the breathing was all right; temperature 100° F. I ordered aconitine every two hours and calcidin one dose at bedtime. Next morning by 'phone mother

said, "Oh, he's up and says he feels all right."

What was it and what did the work?

One word as to aconitine. I have no trouble about explaining to people not to expect to get rid of all the fever until other symptoms are better. I usually order three or four doses at short intervals, then at longer intervals, according to symptoms. We cannot treat all cases alike. So far I am well pleased with the alkaloids. J. N. NORTON.

Daisy, Wash.

—:o:—

It's hard to tell what this case was, but it certainly looks to us as if the doctor cured it—whether it was bronchitis or pneumonia.—Ed.



RHEUMATISM.

In response to the very kind invitation of the CLINIC, I wish to report somewhat of my experience in the treatment of rheumatism.

I have been practising medicine continuously for nearly nineteen years (in Georgia until 1903), and my experience in the treatment of rheumatism was anything but satisfactory until the spring of 1893. Since that time, however, I have not failed to give relief in a reasonably short time.

For my success in the treatment of this distressing malady since 1893, I am largely indebted to my former friend and co-laborer, Dr. A. J. Mathews of Elberton, Ga., who made something like the following remark in response to an appeal for aid in the treatment of what seemed to be a desperate case of rheumatism. "Better never give the salicylates when the urine is acid."



Laryngismus Stridulus:—In intervals quiet and steady nerves by quinine valerianate or camphor monobromide.

Laryngismus Stridulus:—Just right for intervals, the nervine granule — gold, arsenic and nickel bromides, and aloin.

The above suggestion coming from as eminently successful a physician as Dr. Mathews, whose friendship I very highly prized, together with my unsatisfactory experience, caused me to give the subject such study and investigation as my limited facilities would allow, and in consequence of this I arrived at the conclusion that, perhaps a very large per cent of the cases of rheumatism find their cause either directly or indirectly in faulty digestion or imperfect elimination, and perhaps both, as these two conditions are sometimes very closely related as cause and effect, and not infrequently seem to be real partners in business; so I adopted the following rules in the management of all my rheumatic cases, the treatment of course being varied to suit each individual case, and I have had but little cause to change my general plan of treatment, the basic principle of which is elimination and neutralization—eliminate all the toxins possible and neutralize what cannot be eliminated.

I proceed about as follows, I first examine the urine, and have never failed to find it strongly acid, so I set to work to render the urine alkaline by the proper administration of alkalies and at the same time start the eliminating organs to work on full time. For an adult with acute rheumatism, be it articular, inflammatory, or the so-called muscular type, my first prescription is calomel, gr. 1-6, podophyllin, gr. 1-6, one of each every half hour till effect, then follow with epsom salt (more recently saline laxative), two teaspoonfuls in hot water to be repeated every two hours until the alimentary canal is thoroughly cleaned out, and at the same time I put the patient on something like the following: Lithium citrate,

pot. citrate, each dr. 4; potass. bicarb. oz. 1; tr. digitalis, dr. 2; water, q. s. ad oz. 4. M. Of this I direct that two teaspoonfuls be taken in one-third glass water every two hours until the urine gives an alkaline reaction. This is usually accomplished in from twenty-four to thirty-six hours, and generally by the time I get the effect of the above prescription, if the pain is not entirely relieved, it is so much modified that the patient is fairly comfortable.

Now at this point is where I begin the use of the salicylates, and in my experience the only place where we get invariably good results. A favorite prescription with me and one I frequently give at this stage, is the following: sodium bromide, dr. 2; sodium salicylate, dr. 4; wine of colchicum, oz. 1½; elix. simpl., q. s. ad oz. 4; M. Sig: One teaspoonful in water every two hours until all pain is relieved, and then every four hours for a few days, when almost invariably I have been able to dismiss my patient. I should have stated that after the alimentary canal has been thoroughly emptied and flushed I give intestinal antiseptics, the sulphocarbolates being my preference.

For chronic rheumatism I follow the same general line of treatment, varied, of course, to meet the individual needs or idiosyncrasy of the patient, to clean out, clean up and put the eliminative organs to work, being, in my opinion, essential in all cases. Calomel and podophyllin to clean out the *primæ viæ* and arouse the secretions, alkaline diuretics until urine gives alkaline reaction, and then colchicine, lithium and calcium (calcalith). I order one of these tablets every four hours to be washed down by a teacupful of hot water. This treatment has given me



Laryngismus Stridulus:—The irritability and temper are much moderated by regulating digestion and the bowels.

Laryngismus Stridulus:—Dashing cold water in the face is effective but punishes the mother who has to change the clothes.

very great satisfaction as well as my patients. I instruct my patients, especially of this class, to drink from one to two quarts of water per day, and believe that they get much benefit from it, as flushing the kidneys certainly helps to eliminate.

Local applications in rheumatism are disappointing, and at best can only be palliative, except where there is much inflammation manifested by redness of the skin and swelling. In such cases cold applications, as ice water allowed to trickle over the part for a few hours, are very grateful, and really seem to be curative, in that they subdue the inflammation. In other cases where the pain is severe and but little discoloration of the skin or swelling, libradol (Lloyd) not only gives very quick relief from pain, but, in my opinion, hastens the cure.

So far as my observation goes, meat-eaters are not only more liable to, but really have rheumatism more than vegetarians, and I always exclude meat from the diet of my rheumatic patients as much as circumstances will allow.

I have been a regular reader of the CLINIC for nearly four years, and I cannot find words to express my appreciation of the numerous benefits I have received from its open pages. I use a lot of the alkaloids, and will continue to do so because they do not disappoint me when given to effect, after first cleaning out and cleaning up.

J. S. CHRISTIAN.

Lindale, Texas.



SNAKE BITES.

Seeing in the November number of the CLINIC that alcohol was an antidote to carbolic acid burns, I will tell you the

best antidote to snake bites in the records of modern medicine. I live in the mountains of North Carolina, where snakes are abundant. If you get there before the patient dies, it makes no difference how badly swollen the part is. Saturate a flannel cloth with chloroform and bind it upon the swollen part, and when dry apply it again. I have never had to apply but twice in the worst form. Also tincture chloride of iron will heal the worst form of scalds without scar or pain.

ALLEN F. STILES.

Unaka, N. C.

—:o:—

This is a suggestion which deserves a trial. Chloroform is an excellent solvent. Does it combine with the snake venom or how does it act?—ED.



THAT ALTRUISM.

There is a big river system which has its source at Lake Itasca, Minnesota, flows in a southerly course and has its mouth at the Gulf of Mexico. The stream has a great number of tributaries; they all flow in the same direction and join the vast current of water emptying into the Gulf. What do you think would happen to any one of these small tributaries, if its stream of water were to attempt to flow northward and against the current of the Mississippi.

There is another vast stream. It is the stream of industry. It has its source in the brain and its mouth in the purse. It also has its countless number of tributaries; they all but one flow in the same direction. This one contrary, limited



Laryngismus Stridulus:—A granule of quassin or other bitter dropped in the child's mouth will occupy its mind healthily.

Laryngismus Stridulus:—The child's nervous system may be strengthened and susceptibility lowered by daily cold baths.

tributary insists more or less on running against the current of the most powerful stream of the world; the consequence is that it is more or less engulfed at all times. This little stream is the practice of medicine. And who must suffer for it? The innocent ones—our dear ones.

Altruism may be defined as doing for others and their doing more or less nothing in return. This is the absurd doctrine entertained and taught by the profession. Then we are told that doctors are poor business men. Of course we are poor business men. Holding out such a slipshod bread-winning doctrine, we are under suspicion of the people. They know that something cannot be gotten for nothing. They fully well know the teaching of Shakespeare, "This above all—to thine own self be true; and it must follow, as the night the day, thou canst not then be false to any man." True "it is more blessed to give than to receive;" but we must first be true to ourselves, before we can give. The idea of altruism was all right at the time when the practice of medicine was only a side issue, as once practised by the priesthood. This is all changed. There are so many of us and most of us are dependent on our work for bread. It comes with ill grace from the profession to proclaim from the housetops to the people our much abused altruism. It needs no encouragement as there is plenty to do. The people will abuse it enough and give us the laugh in return. It is one of the evils that is always with us.

These lines came to me after reading a review of this subject as discussed before the Chicago Medical Society. It is an old subject, but by no means as yet

threadbare. It cannot be considered settled until it is settled right. It will be settled.

ROBERT PETER.

Chicago, Illinois.



SOME FORMS OF QUACKERY.

I have received THE ALKALOIDAL CLINIC for February and I find it is filled, as it usually is, with valuable articles and suggestions. I have been using alkaloids almost exclusively in my practice for a number of years and I am well pleased with them. They are reliable, small in bulk and very convenient, and I cannot see how anybody can object to them in practice.

I see Doctor Waugh has an article on quackery and suggests a remedy for it. I like to read Doctor Waugh's articles, for when he opens his mouth to talk, he always says something. I used to read his articles when he edited the *Philadelphia Medical Times*, a long time ago. I think well of Doctor Waugh's remedy for quackery, but there are some forms of quackery that I think should be met by direct assault. I have reference to the advertising traveling quack, who generally starts out from some large city, and travels over a state, stopping one day in a place, giving notice of his coming through the local newspapers. I believe we should go for that kind of a quack whenever he shows his head. We should show him up through the newspapers, for he makes his money through the newspapers by making false representations in the papers and by advertising; we should put him in his true light, so that the people can see him.

There is one thing that would be



Laryngismus Stridulus:—Delicate children may be helped much by daily rubs with dry salted towels till the skin reddens,

Alcohol appears to shave off the nervous system, layer by layer, attacking first the highest-developed faculties.—Brunton.

gained by that method, and that is, the people would get to hear both sides of the question, and as it is now, they only hear one side, and that is always the quack's side. There is a doctor in Indiana that has adopted that method in dealing with traveling quacks, and I understand he has been successful, and that there is not a single quack that stops at that town.

I am aware that it is claimed that there are many educated people that are opposing regular medicine, Senator Foraker for instance, and many others that are recommending osteopaths and Christian science healers. But it must be apparent to all real intelligent people, that any of the so-called educated people, that endorse any form of quackery, and especially the Christian-science healers, are ignorant on all medical subjects, notwithstanding they claim to be educated.

The people don't read medical journals nor attend medical lectures, consequently they know but little about doctors or anything pertaining to the practice of medicine or surgery and their words and actions demonstrate their ignorance. And this state of things is not limited to the uneducated alone, but it extends to all classes.

A few examples will make this point plain. On one occasion I was asked to prescribe for a school teacher and did so, and he took one or two doses of the medicine and would take no more and on being asked for an explanation why he would not take it, he asserted that the medicine gave him rheumatism. Was not that man about as ignorant as a man can be? He was an educated man, a teacher, and an educated fool.

I knew another school teacher, later a

lawyer, who always carried a buckeye in his pocket to cure piles. I also know a lawyer who was said to be highly educated, who sent for an irregular to attend his child when it got sick; his wife sent the irregular home, and sent for a regular physician to attend the child, which showed that the wife had a good deal more good horse sense than her husband. I have knowledge of a case where an educated man is suffering from a disease that can only be cured by a surgical operation, and one which if done in time would be successful; he is being treated by a Christian science healer. He is standing on the brink of the grave, and don't know he is in any danger, and will lose his life in consequence of his ignorance.

Is Senator Foraker any better educated or wiser than these teachers or lawyers alluded to? I think not. They all belong to the so-called educated class and all show by their actions that they are ignorant of everything pertaining to medicine. They don't know a doctor from a quack, and that is just what they say by their actions and doings.

JOHN WRIGHT.

Roseburg, Oregon.



QUACKERY AND UNIONISM.

I am greatly interested in the above question which the February number contained; and while there are many of the points in both articles with which I am in accord, still it appears to me that the discussion has stopped far short of that ultimate conclusion which it is so important to reach in seeking the truth, which must somewhere exist.

While to the casual observer there may



Alcohol lessens a man's judgment though lower faculties, imagination and emotions, may appear more active.—Brunton.

A man too drunk to walk or speak may still ride well; cerebrum and cerebellum palsied, spinal reflexes still active.—Brunton.

appear to be little in common between these two questions, yet if we consider for a moment they are very closely related to one common condition which briefly is that of making a living. Quackery is largely denounced by the profession, because it makes inroads upon the doctor's means of livelihood. If this were not so he could afford to view it with amused contempt. The question of unionizing the profession is also one of making a living; to try by legislative enactment to secure remunerative employment from the sick by excluding all unauthorized healers.

Now it appears to me that this difficulty of making a living, complained of by the medical profession, is only a local manifestation of a general condition, that is general to the body politic, and unless we are prepared to go to the root of the matter, ascertain the cause of this general condition and be prepared to advocate the cure, which must be a general one, we may make up our minds that partial treatments will not only not produce partial cures but will produce no cure at all.

It is strictly against the law for druggists to prescribe, yet I am certain that not one druggist in a thousand observes the law. And why indeed should he? His living depends upon selling drugs, and if a little advice will help to sell drugs he is going to give it. And who is hurt thereby—the druggist or his customer? If either, why do they not complain? It takes two to make a bargain and if either were dissatisfied with the practice it would soon cease. But as a matter of fact it is on the increase, aided and abetted by every manufacturer of pharmaceutical preparations and the only remedy that appears to be advocated is

greater restrictions. Now legislative enactments are inoperative of themselves; unless someone complains and puts the legal machinery into operation the law is null and void—nay more than that, for a law disregarded begets disrespect for all law. Unionism in the medical profession exists in every part of Canada, in some of the provinces so close that the most eminent surgeons and physicians of any other part cannot secure recognition or legal status except by the payment of high fees and an examination at the hands of men in every sense their inferiors. In spite of all this, quackery is as rampant here as elsewhere.

It is a short-sighted man who imagines that these important questions can be satisfactorily settled without involving the settlement of all other vexed social problems. The social problem cannot be studied in detached fragments, for a universal condition must have a universal cause. All attempts to control natural laws are bound to end in failure, with an aggravation of the original trouble. Every attempt to regulate the practice of medicine by increasing the restrictions, legal or social, that hedge it from the "vulgar throng" have failed. Every restriction makes it still more a desirable profession to enter. *External competition* is crushed by law, but will not a greater number be attracted to the study of medicine because of its special privileges, and in time will not the *internal competition* among practitioners more than destroy whatever special advantages restrictive laws confer? Is not special privilege the cause, at bottom, why so many mentally and morally unfit enter the ranks of medicine? And would not special privileges attached to other walks



The Kenilworth Sanitarium has just opened, under the charge of Sanger Brown. A first-class neuropathic and psychopathic hospital.

The Kenilworth Sanitarium offers just what many of our friends have written to us making inquiries for. Office 100 State St., Chicago.

of life have the same effect of determining more to enter them? If it were possible to place all means of livelihood on equally advantageous terms would not natural selection, temperament, talents, etc., determine all to make choice of that which suited them best? I think so, unless one is prepared to maintain that all are fools and incapable of making a wise choice, and even then no one profession would likely become the choice of the majority. Not in the direction of *greater* restrictions but of *less* is the solution of the problem; it is the equitable distribution of wealth that demands solution *now*. The question is of supreme importance and most fascinating, but I must leave it for the present.

A. S. THOMPSON.

Alvenston, Ont.

—:o:—

We do not wish to prolong the discussion of this problem, interesting as we admit it to be, but have admitted this article, one of several on the same subject, because it presents another view, and it is always well to look at every side. While the "body economic" is not in an ideal state, for the present at least we must take it as we find it, and deal with the evils that arise from time to time in the best way possible. Personally, we believe in getting out and fighting wrong—of attacking quackery in the open instead of philosophizing about it and letting it grow at its own sweet will. And we believe, with President Roosevelt, that the first thing to do in fighting evil is to turn the searchlight on it—to show people what it really is, the dangers of incompetence and dishonesty in the medical profession. That's the mission of *How to Live*, or one of its mis-

sions—to turn on the light. Until we reach the ideal state which has always been the dream of idealists since the time of Sir Thomas More, legislation will continue to be necessary. At times we suffer from too much or from ill-advised legislation, but the time is still far distant when fraud will not demand the heavy hand of law for its repression.—Ed.



HYGIENE OF ASTHMA IN CALIFORNIA.

Hardly a week passes that I do not get a letter from some eastern physician asking me if moving to California to practise will do his asthma good.

So many eastern physicians have already come to California for their health and, incidentally, to practise that I judge by this time there is about one doctor to every three hundred people, particularly in the agricultural districts of this state. Really there are more doctors here than the practice can well support.

Some years ago I became troubled somewhat with asthma myself. I was then in a high altitude where it was cold and my breath was short any way, because of aortic insufficiency. When chilled, particularly in the evening, I observed or rather felt a severe pain in the upper extremities. To step out into the frosty air would bring on this pain and after getting warm, either in bed or beside a fire, the pain in the course of an hour or two would be gone. It was impossible at times to dress warmly enough to avoid this pain when breathing cold air. When the pain came on there was always an asthmatic whistle at the end of a prolonged inspiration.

Observing this much in my own case,



Dr. Reynolds, discussing the assertion that formalin and other food preservatives fill many graves, unkindly hints that "Joe lies."

In Chicago, deaths from formalin-milk fed children have fallen from 707 per 10,000 in 1890 to 347 in 1904.—Reynolds.

I inquired and found that other asthmatics felt pain in the extremities when exposed to cold. Anxiety or a state of nervous tension with a little hurrying of the heart would in my own case bring on a severe attack of asthma in warm weather. Now I have learned to avoid these causes with the result that I experience very little trouble with asthma.

Eastern people think California climate is warm in winter. This is not true in this way. Our houses are not built for cold weather; our systems are not braced for cold. When we have a few frosty days in winter everybody suffers and with the poor heating facilities in most houses some will get overheated and others chilled, the temperature being hardly cold enough for a fire most of the time but too cold to go without a fire all the time.

Coal at \$17 per ton is something most people dislike to waste, and people who live in boarding houses and hotels are very likely to neglect themselves or get neglected. The fact is, one is likely to get chilled while considering whether or not it is cold enough to have a fire, and then when the fire is underway the sun comes out and the room is uncomfortable.

This week I am treating a gentleman who stops at the hotel. He has asthma. Every morning he manages to get chilled. If he could lie on a couch beside a good hot fire he would be easy, but that is out of the question in his case. There is not a room in the hotel except the bar-room and kitchen where there is a fire. The man might lie in bed, but in rooms without fires a bedroom is apt to be damp at this season in California and dry, hot air is the air for an asthmatic.

Some days at 10 a. m. out of doors

in the sun it is actually hot and doors and windows are kept open. Another day it may be a trifle chilly all day. Here comes in the changeable feature. The changeableness is just above and just below chilliness, which is bad for asthma. A real dry cold day is not so disagreeable to an asthmatic as a damp, chilly day. Asthma is a very uncomfortable symptom and disturbed atmospheric conditions, whether barometric, thermometric, humid, or associated with wind or dust, make it worse.

The ideal climate and conditions for asthma would be about like this: Temperature 70° to 80° F.; altitude sea level to 500 feet; air dry; no fogs, no dust, no hills to climb; nothing to fret about.

Naturally any disturbance of function in an asthmatic will excite the characteristic symptom in a pronounced case, therefore, in the treatment of asthma, good hygiene and the avoidance of auto-toxication are of prime importance. The medical treatment should further these ends.

C. E. BOYNTON.

Los Banos, Cal.



ATROPINE AS A HEMOSTATIC.

No, they would not believe us when we told of the hemostatic powers of atropine at Atlantic City last summer. It was a vascular tensor, and must increase hemorrhage instead of stopping it more effectually than any other known remedy. But those who try a thing always have an advantage over those who only know it will not work; and here is the record made by Woltke, transcribed from a Russian journal for the *Journal of the American Medical Association*:

"Atropine in Hemoptysis.—In the two cases reported nothing was able to arrest



Of 61,030 cows on 2,857 dairies examined by the Chicago officials but 152 diseased animals were found.—Reynolds.

All the sick cows found by the examiners were on farms where wet malt was fed; such milk being forbidden in Chicago.

the severe hemoptysis until atropine was injected subcutaneously, when the blood rapidly disappeared from the sputa. The doses were from .0002 to .006 Gm. of atropine repeated on six consecutive days. One patient had been ineffectually treated with innumerable measures, including ergotin, hydrastis, morphine, liq. ferri sesquichloride and terebinthin, before atropine was tried, the rebellious hemorrhages from the lungs threatening speedy dissolution."



THE RIGHT AND TIMELY THING.

Obstetric Hint.

I have just read your editorial entitled "The Doing of the Right and Timely Thing." When I tell you that I approve of it, don't let it separate your sutures. That is to compliment myself, for (and I am not peculiar in this respect) I am my own criterion.

Evidently, then, to be right, utterances—both in matter and manner—must quadrate with my view. Under this understanding it is not more than venially immodest for me to say that I like your style. There is a certain abandon in the swing of your pen which appeals irresistibly to me. Wonder if that is not the case with reference to about all your readers? To add to the charms of scholarship and dictional elegance, the gust of a temperate free-gatedness—isn't that a good thing to do? I think so, and doesn't that settle it?

Your editorial revived in my mind a remembrance of two experiences I had thirty years ago while practising in Indianapolis. Walking down Washington street, I met a patron of mine who was hurrying to my office. He was white



Milk from wet-malt fed cows is more dangerous than that from a tuberculous cow mixed with 99 per cent of healthy milk.—Reynolds.

with scare, and great beads of sweat stood on his brow. He informed me that he had just swallowed, by mistake, half an ounce of a strong tincture of aconite!

I requested him to open his mouth, which he did, when I squirted a mouthful of tobacco juice down his throat. For the next minute every second of his time was divided between vomiting and trying to punch me. In order that he might give his undivided time to puking I rapidly perspectified into invisibility. It was true that he had swallowed the aconite, and it is true that he recovered. My method was not esthetic, but it included all the difference there is between a live and a dead man. It goes without the saying that no decent doctor will chew tobacco, but it is also true that, sometimes, good will come of evil.

My other experience was very different. A lady patron of mine, failing to get me, employed another physician to attend her in confinement. The case turned out to be a difficult one. There was a shoulder presentation, with a "dry labor." After several failures in attempts to turn, another doctor was sent for. Under the conditions (a parched vagina and a scorched and fighting uterus) neither of them could effect version. Here was a pickle! They decided at last to amputate the arm. The woman and her husband both objected and sent for me. The doctors were old-school fellows and I was an eclectic. That precluded consultation, for in those barbarous days, the old-schoolers drew the lines pretty tight. The doctors remained but retired to the yard, leaving me helplessly alone.

After making an examination an inspiration fell upon me. I ordered a

The real danger from tuberculous milk is when that from one cow, high-grade Jersey, is employed by itself.—Reynolds.

quart of tepid water. To this I added enough of sodium bicarb. to make it slippery. I had thus a quart of good (artificial) amniotic fluid. I then put a chair in the bed in the knee-elbow position, so to speak. Placing a folded quilt on it, I had the woman lifted onto it. She laid at an angle of about 45 degrees, her head down and hips up. I then introduced a speculum and poured in my soda solution. The effect was most soothing. The womb's delirium ceased, the parts became soft and flexible, and the child fell away from the os. I introduced my hand and arm and very easily effected a cephalic version. In less than half an hour the child was delivered.

When the doctors in the yard heard the child's cry, they gathered up their traps and hurried away. How much better it would have been if they had met me, for I should have exhausted every artifice to protect them and save them from humiliation. I have had occasion to resort to this obstetric maneuver several times since then. It was original with me, for I had never seen a suggestion of it in any work on obstetrics. Perhaps the best part of a doctor's equipment is common sense.

W. C. COOPER.

Cleves, O.



HERE IS AN OPENING IN EGYPT.

I have been requested to recommend a "young, unmarried, competent Christian doctor" for assistant to an American medical missionary in charge of a hospital in Egypt. The position will pay a small salary and traveling expenses and is for a period of two years. All the young



The tubercle bacillus has never been positively identified in any of the samples from Chicago milk dealers.—Reynolds,

competent Christian doctors I know of are married, hence I appeal to you for assistance.

E. S. McKEE.

19 W. 7th St., Cincinnati, O.

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In a later letter Dr. McKee informs us that this hospital is under the United Presbyterian Board. There is certainly a chance here for the right kind of young man to obtain some valuable experience, while contributing to the success of a great work. We are sure that such young men who read this letter will communicate with the doctor direct.—ED.



GASTRIC OR DUODENAL ULCER OR ACID GASTRITIS?

Lady, aged twenty-five years, brunette, has had diseases of childhood, married three years, mother of one child two years old. She had typhoid fever two years ago, but there was complete recovery, though she has been constipated since recovery from the fever. She has had pruritis vulvæ quite severely at intervals for the past year; menstruation is normal, except that it was rather profuse before the present sickness, which dates back five months, or from July.

The patient has always been accustomed to doing her own housework, before the present illness; weight is 100 lbs. All summer she has had a good appetite, is very fond of garden vegetables, especially lettuce and potatoes, and has always been a great meat eater and is especially fond of beef. She says she would always leave the table hungry after eating enough for any person.

During the summer previous to the present illness she would frequently com-

Tubercle bacilli from one infected animal do not long survive when mixed with milk from many healthy animals.—Reynolds,

plain of "sour stomach," which was usually allayed with a mild alkaline drink, also of some shortness of the breath or of a smothering sensation after retiring at night. She often complained of a frontal headache, which she says has been common for years.

The present illness began in July, directly after her menses. She had been away from the house about an hour, at the store; returned home and sat down at the machine to do some sewing, complained of not seeing well, that everything looked unnatural. She became dizzy, almost fell when she attempted to walk; in an hour or two she vomited freely, the vomitus appearing to be what was eaten at dinner.

Since that time the stomach has never done its work. There has been a persistent burning sensation in the stomach, with hot flashes running over the face. She is nervous, always afraid something awful will happen; afraid to stay alone; imagines she can see ugly faces about the room, either with eyes open or closed; desires all things put out of her sight, with which there is danger of doing herself harm.

Vomiting has occurred almost daily since beginning of illness and often is as sour as acid itself; there is seldom bilious matter vomited, and often there is some slimy tenacious mucus. She has always maintained a keen appetite, but nothing will agree with her. I have given all kinds of digestives and predigested foods, but they sour, and that seems to create the burning sensation, for, when the stomach is entirely empty she feels comparatively well, except for great hunger.

There has been slight soreness in the

epigastric region, no jaundice or hepatic tenderness, neither is there any splenic trouble.

J. E. T.

———, Indiana.

—:o:—

This is a remarkably interesting case. The hyperchlorhydria may be an evidence of the acid form of gastritis, though this is rare. As a sequel to excessive secretion of the HCl which was evidently present early in the history, you may have a gastric or duodenal ulcer. The tar-like stools make the presence of some hemorrhagic area in the digestive canal probable, though in gastric ulcer there is also vomiting of blood.

At any rate it is evident that your patient is slowly starving and the thing to do is *rest the stomach and duodenum* as much as possible, at the same time making an attempt to medicate the mucosa. Administer food entirely by enemata for ten days and give by the mouth first one dram of hydrogen dioxide, in four ounces of water, and one hour later two drams of the solution of bismuth and hydrastis, colorless (Merrill). Repeat this three times a day. Before beginning treatment, however, wash out the stomach and send the washings to us, together with a specimen of feces for examination. There may be cancer. At any rate we can decide as to the presence of blood in stools.

We suggest the dropping of ten minims of bovine upon the tongue every two hours, letting it trickle slowly into the stomach. After ten days' rectal feeding—unless the examination of washings leads to contrary conclusions—you will begin to feed with predigested and pep-

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Take advantage of the mild weather to push spring house-cleaning with all possible vigor and thoroughness.—Reynolds.

Cerebrospinal fever may become epidemic—though improbable—and unclean premises and filth invite this disease.—Reynolds.

tonized foods giving before each feeding hydrastin and a digestive if indicated, as papayotin, four granules, and pepsin and pancreatin, two. However, that is a matter for later consideration.

In giving the nutrient enemata use a new colon tube. After washing out the bowel with normal saline solution, pass the tube and give 6 to 8 ounces, allowing the fluid to flow slowly with the patient in Sims' position. Feed every four hours; pancreatinized milk with somatose or bovine is excellent. The writer has added one dram of somatose to six ounces of pancreatinized milk with great advantage. Meat broth may be utilized and a beaten egg added. Always add a little salt.

However, Doctor, you know how to do all this; all we can do is suggest that it be done. Give variety and a little often. Allow boiled and cooled water by the mouth, or hot water if preferred. If there is ulcer this method will enable it to heal; if cancer it will be discovered. If there be acid gastritis it will cure that condition.—Ed.



FROM A REAL HELPER—A DOCTOR'S WIFE.

We are having an epidemic of whooping-cough here and in surrounding villages. My husband and all the other doctors said that nothing could cure it but time and good nourishing food, but as our own babies were having a hard time of it we decided we'd try your granules and see if they would relieve them. So we hunted up all our CLINICS and went through them for whooping-cough remedies and decided on Doctor Allen's of the December, 1903, CLINIC

—as he was so enthusiastic about his treatment. It is indeed truly wonderful. I was unable to leave my baby's bedside after dark, as she had frequent paroxysms of coughing so violent that she would stand up in bed until exhausted by coughing. She grew weak and lost flesh rapidly.

Well, we sent for your granules—and I prepared a bottle of medicine. They don't like it. As my little girl, five years old, says: "It tastes as bad as it smells;" but it cures just as Doctor Allen says it would. After giving it every two hours for one day my children coughed only once or twice a day, and every one with children wants a bottle of it. My husband passes the cases along to me and I give each one a half pint bottle for a dollar, and they keep coming. (I have stopped while writing this to prepare a bottle.) I tried spraying throat and nose with euarol but could not use it with the atomizer I bought. I also gave a tablet of nuclein three times a day and kept their bowels regulated with saline laxative.

I do what I can to help my husband in his work and take an interest in all his patients, especially the little ones. He likes your granules for them. They think the "little pills" are nice to take and they certainly help with big and little—more than the powders, fluid extracts, etc., ever did. I have begun to attend to the ordering of the granules and when I see that he needs or would like an instrument that he hasn't—I get it for a present. For instance, my Christmas present to him consisted of a new medicine case, as his old one was getting rusty, and a phonendoscope.

In one of your latest numbers of the



The liability to every infectious fever and to malignancy of their attacks is vastly lessened by cleaning up the premises.

For animals with round and hookworms give 1 per cent creosote adding thymol, 30 grains to a lamb, 100 to fullgrown sheep.

CLINIC, one doctor asks what to do for flea-bite. As we live near lumber camps where fleas, etc., abound I have asked a few of my husband's patients about them and they one and all agree, that if you get rid of the flea you get rid of the bite; they won't break out but once, unless bitten again. They don't seem to know of anything to kill them, excepting to catch them, and these lumber-jacks say one has to be pretty spry to catch a flea. They carry a piece of camphor gum and use what they call "unguentum" on the bites, meaning of course mercurial ointment; it helps relieve the itching, burning feeling. Why not try spirit of ammonia?

My husband has a case he wishes me to write you about:

A woman about fifty-two years old, has not menstruated for eight years; for four or five years she has been troubled with excruciating pains in her right side where swelling appears at the lower edge of the short ribs. After some hours of pain she passes large clots of blood by the rectum, followed by a profusion of fresh blood. These periods last from one to two weeks, when the swelling disappears. She describes the swelling as a "bunch as large as her two fists" and both she and her husband say that she passes two quarts of blood a day—which for a period of two weeks at the same rate may be taken *cum grano salis*!

Many eminent physicians have seen her, but none of their prescriptions have ever helped her and nothing but morphine seems to relieve her, which she doesn't like to take as it has bad after-effects. She is also troubled with prolapsus of the rectum. Her husband was here yesterday saying that she was suf-

fering with another attack and had lost four quarts of blood. He says she has an attack once each month.

Any suggestion that the editor can give as to the cause of her malady or the proper treatment will be appreciated. If any other physician can give any light on the subject we will be glad to hear from him.

MRS. BLAKE BIGELOW.

Derrick, N. Y.

—:o:—

Do not say I said it, but just let me whisper that if the doctors were half as wide awake to the importance of using up-to-date methods as their wives are, it would be better for them and for us. I am glad to hear of this success with whooping-cough, especially with your own babies. I aborted the disease for mine within two days by keeping them saturated with calcium sulphide and atropine. I think I employed quinine locally on the pharynx. To use euarol successfully you must have an oil atomizer which costs about seventy-five cents; but it meets the difficulty in so many cases that would never give up to any other treatment, that I look upon it as distinctively a money-maker for the physician.

Calcium sulphide certainly does smell badly, so I give it even to very small children in the granules.

Now as to fleas: They do not like carbolic acid and I have known them to be kept off during the day by a little of this substance sprayed on the hem of the trousers and at night by dropping ten or twenty drops upon as many little bits of blotting paper, twisting them up and putting them around the edge of the bed. Of course if a person rolls into one of



Dose of 1 per cent creosote solution for lambs with roundworms, 2 oz.; sheep, up to 5 oz.; calves, 5 to 10; cattle, 16 to 32 oz.

Bluestone is said to kill wire and tapeworms in sheep; doses 5 gr. for young lambs up to 20 gr. for old sheep.

them it is apt to burn, and probably going over the carpet with an atomizer would be better.

As to the woman fifty-two years old; it is a case for very careful diagnosis by examination but I would set down the condition as probably abscess of the liver. If it were vicarious menstruation it might be prevented by giving strong physics and emmenagogues for three or four days before the next period. It is a very interesting case and I would like to hear the results.—Ed.



LECITHIN IN LOCOMOTOR ATAXIA.

Thinking that some of the readers of the CLINIC may be interested concerning my experience with lecithin, in locomotor ataxia, I submit the following:

Male, J. R., 53 years old, of light complexion has been troubled for nearly eight years with what he says are neuralgic pains in the extremities, also in the back of the neck and head. The pains increased, as also the other symptoms, as the girdle pains, staggering gate, loss of reflexes. These symptoms so increased in the last three years that he was unfit for manual labor. Quite a number of remedies were tried but never with any benefit, so last July or August I put him on lecithin, one to two tablets three times a day, Crede's metallic silver ointment rubbed well into the back of the neck and spine, also attention to secretion. Under this treatment the disease not only stopped its progress but the patient improved. Several times I was out of lecithin, but would soon notice the progress of disease, as the pains would increase, the staggering gate be-



The U. S. Dept. of Agriculture sends out a circular containing directions for treating farm animals with worms.

came more prominent, the reflexes would be diminished. And one time I kept him from the tablets purposely for fourteen days to be sure if the lecithin preparations were the real beneficial agent, when he came back and called for the yellow pills, as he said he could not do without them.

Today, while the staggering gate has not left him entirely, he can walk fairly well, the pains have diminished and he is able to do part of his work and has been doing quite a good deal since the middle of November. He can sleep better, has a better appetite and better color.

D. K., about forty. Strong build, dark complexion. He had at times insufficiency of the mitral valve. He had cactus, drops two, twice a day for three weeks. Lecithin tablets three times a day for two months, with attention to secretion and excretion, have caused his trouble to disappear and it is now over four months since he has taken any preparation and there has been no return of trouble so far.

E. A. BUCHHOLZ.

Keensburg, Ill.



CALCIUM SULPHIDE.

I have read Dr. Abbott's recent article on calcium sulphide in the last issue of *Merck's Archives*. It has been a "revelation" to me. I have just ordered some. Meanwhile I fail to understand how it is that calcium sulphide, so alterable by air, is not kept well in a good coated tablet while it keeps perfectly in the form of a granule. An answer will greatly oblige,

A. N.

—, Canada.

Agurin is a better diuretic than theobromin, useful in cardiac, hepatic and renal dropsies, cirrhosis.—Wainwright, *Amer. Ther.*

I am glad of this opportunity to answer. The point is just here—calcium sulphide *will* keep all right in a *well-made and well-coated* compressed tablet; the point is that it spoils to a greater or less extent in the usual process of manufacture. Read what I have written as to how and when and where and why calcium sulphide spoils. In the manufacture of the granule after "the right method" not a minute of time is lost. As soon as the bottle containing the salt is unsealed, that minute it goes into the hands which work it, therefore the finished product, as to efficiency, stands practically with the product as it comes from the ovens of manufacture, and, further, for physical reasons, a grain of calcium sulphide in 1-6-grain granules will produce better results than the same amount of drug compressed into one hard, almost insoluble and always-slowly-disintegratable tablet. Does this cover the ground? If not and you will ask definite questions I shall be glad to answer them.—Ed.



THE TREATMENT OF SCARLET FEVER.

The communication, "A fatal case of scarlet fever," interested me, as I had a very bad case myself in 1903. Since beginning practice in 1871 I have been through a number of epidemics, and never have lost but two cases, one of which came to me from another, as hopeless.

My first preceptor in 1867 was an old botanic physician, who, in about 1845, had a succession of one hundred cases in New Britain with only one death, while many died with other treatment. This

old doctor taught me to always endeavor to study the mode that the system was taking to expel a disease and work with the vital powers, not against them. Consequently in all cases where eruptions are coming to the surface, either primarily or secondarily, to avoid physic.

I have always avoided physic in scarlet fever and measles, and of measles never lost a case yet. Therefore I can not believe that calomel and mandrake every half hour till it purges is the right way to treat scarlet fever. The bowels are naturally bound up in the first of the fever, and we look for severe cases when we have early looseness. Any danger from constipation can be avoided by a light injection.

My treatment for years has been to regulate the fever with aconite and belladonna which seems peculiarly fitted to the symptoms, and to combat sepsis with baptisia. (I have used echinacea for this since its introduction.) When the red pepper points are well shown on the tongue, I use rhus tox., which helps to ward off albuminuria and is very quieting to the restlessness. If the lymphatics of the neck swell I give tablets of protinuclein every two hours, to assist the glands in freeing their engorgement. If the eyelids swell and urine shows albumin, I add tr. apis to the treatment. During the whole sickness the body is rubbed frequently with lard.

When the mucosæ of the mouth and throat show ulceration, or sloughing tendencies I use hydrastis with a very little muriate of ammonia and boric acid added. In low cases the strength is kept up with full doses of bovine. Pseudodiphtheria on the tonsils, which sometimes makes a mean complication, is met



Citrophen is a good antipyretic and analgesic, causing no cyanosis, roaring, gastric ails, but induces sleep.—Bolognesi.

Solis-Cohen recommends bromoform as a local analgesic for painful tubercular ulcerations.—*N. Y. Medical Journal*.

with a powder of the third trituration of iodide of arsenic and protoiodide of mercury, about one grain laid on the tongue every two or three hours.

Now this kind of treatment has brought me through all but one case, which died of sudden heart failure. Of course as the fever defervesces I use nux or strychnia as a toner. Not all these remedies are used in all cases but only when they are indicated.

In 1903 I had a very malignant case with temperature above 105° F., where the enlarged gland on one side of neck sloughed out bodily, leaving a cavity that would hold a pigeon egg, with all the tissues reddish blue as though ready to mortify. They were kept soaked in a solution of potassium permanganate till they took a better color, and then the wound was freely washed in peroxide of hydrogen and kept wet with bovine. The child (æt. 5) made a fine recovery with hardly any scar left. In this case I used freely of calcium sulphide, but did not succeed in aborting suppuration.

This method of treatment may seem foolish to you, but you have often said that the object of treating a case was to cure it. And I assure you that this treatment has cured 99 per cent of what have come to me in over thirty years' active practice.

F. H. WILLIAMS.

Bristol, Conn.

—:o:—

If results talk then the method of treatment outlined by Dr. Williams requires no further argument in its support, for a record of 99 per cent of cures is hard to beat. Nevertheless we can not agree with everything that he has to say. The necessity of keeping the bowel in a

clean and as nearly as possible aseptic condition can not be too strongly emphasized. In all our experience we can not recall one case which was made worse by a mild laxative, while many have been improved by it. If the enema will do the work all well and good—but will it always? No. With the balance of the doctor's treatment we agree in the main though we should prefer to use the active principles, aconitine and atropine instead of aconite and belladonna, etc. But elimination is essential, together with vascular equilibrium, cell nutrition and support when needed, "to take up the slack."—Ed.

~ ~ ~

SOME "MEATY" PARAGRAPHS.

I have been ill five weeks with mucous enteritis, the tubes and uterus also being affected similarly. Nothing has benefited me so much as copper arsenate, gr. 1-250, every two hours and cicutine hydrobormate.

I have found in very many cases that atropine gr. 1-250 by the mouth, relieves pain as well as if morphine had been combined with it and without any nausea, although some complain of headache following.

Every little while I get literature on some alkaloids, which amuses me, for I use nearly all of them from A to Z.

I frequently make use of Buckley's uterine tonic, which is all right, only I cannot take hyoscyamine alone or combined without a blinding headache following it.

I hear sometimes of failures with the alkaloids, especially aconitine. I use it in doses of gr. 1-500 and even gr. 1-134 for children, in some cases using as large doses as for adults. In patients who

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Ergot is the remedy for vasomotor pareses of alcoholics—red nose, dilated capillaries, watery eyes, sweats, edema.—Conklin, *E. M. J.*

For enuresis in aged or young, escape of urine while coughing, may be checked by a full dose of ergot.—Conklin. (Try cornutine.)

have been cleaned up and cleaned out, if the fever remains after anti-malarial remedies and aconitine, the fever is a remittent, but usually there is no trouble. I had one patient with typhoid fever five weeks sick, with seven hemorrhages, treated exclusively by alkaloids—and all the pay I got was a second-hand graphophone!

Nothing can beat the alkaloids in pneumonia.

Several physicians are using mammary extract for sterility with very good success. I am trying it in one case now, but it is too soon to report.

There is an outbreak of typhoid fever here, so I have just sent a \$20 order for alkaloids, so as not to be taken unprepared.

L. E. F.

—, Cal.

—:o:—

Here are some meaty paragraphs—short but right to the point. Why can we not have more of them? Concentrate your experiences and give them to us in the granule form. We like this alkaloidal literature.—ED.



A CASE OF VERTIGO.

I was summoned early in January to Allerton, Ia., to see my brother, a stockman, who was suffering intensely from vertigo due to a congestion of the brain. In consultation with two other physicians I suggested gelseminine for the vertigo and they each expressed an opinion that it was "too much like homeopathy," and said that gelsemium would do no good any way and that they had tried it for two weeks before. So I proceeded at once to set them right on alkalometry; told them to get busy looking up the advantages of alkaloidal treatment and be-

come wise and useful members of the profession in their communities, and left each of them some samples and literature. To convince them, I took charge of the case in question and gave nothing but gelseminine and entirely relieved the vertigo. Both doctors conceded the next day that the result was "wonderful" since both had treated him three weeks without the least improvement. I think they are both converted to your system of medication now.

S. E. BAMFORD.

Sigourney, Ia.



SHALL WE GIVE COPIES OF PRESCRIPTIONS?

The alkaloids help me out very often. I will mention one case. A woman, 76 years of age, was here soon after I came, and went on to the beach to see the waves of the ocean. She followed them out and they caught her coming back. She tripped and fell and broke the neck of the femur. It is very difficult to administer an anodyne which will not nauseate the patient. She was particularly opposed to opiates. I prescribed cicutine, hyoscyamine and codeine in solution. It had the finest kind of an effect and when she left for her home she asked me for a copy of the prescription.

W. E. L.

—, Oregon.

—:o:—

Doctor, do you think it wise in any case to give your patients copies of any prescription which has proved effective in a certain condition? They invariably recommend it to some friend when the conditions prevailing are entirely different, with sometimes most disastrous re-



Ergot imparts tonicity to pelvic tissues; prolapsus uteri, subinvolution, metrorrhagia, vaginal pouching.—Conklin, E. M. J.

Were the hydrastis alkaloids recently elaborated and marked "from Germany," the profession would run rampant in praise.—Crance.

sults. What do you think about this matter? Haven't you time to write a column or so for the CLINIC, taking as a text the matter of dispensing by the physician and the subject just discussed? We believe they are both important and of vital interest. Suppose others give their views also.—Ed.



HERPES ZOSTER AND NEURALGIA.

In the November number of THE ALKALOIDAL CLINIC Dr. Buckley has an article (page 1162) on herpes zoster; in it he states that he has had success in treating it and the subsequent neuralgia, by local applications of hydrozone and triple arsenates internally. In January last I had herpes zoster on my right arm, followed by neuralgia of right shoulder blade—right shoulder and right arm down to the elbow joint. It has been and is now persistent both night and day and resists all my treatment. I have used electricity, faradic and galvanic, an alterative formula sent me by Dr. Ochser, and other remedies—Betz hot-air up to 450 degrees—and this does no good, but aggravates the pain. What is the "triple arsenate" he mentions? I would like to get suggestions as to treatment.

I am 83 years old, or will be next month; my general health is fairly good, I eat well, my digestion is good, but this neuralgia makes my life miserable. I graduated in 1846 at the Starling Medical College, Columbus, Ohio, then at Willoughby University of Lake Erie at Willoughby, Ohio. I have practised medicine but little since the World's Fair, 1893—have practised in this state since 1850.



Chionanthus is specific in functional liver affections; catarrhal jaundice, or of pregnancy, liver hypertrophy.—Mundy, *E. M. J.*

My only relief is morphine—I am compelled to take it in order to render life at all endurable. I hope you will try to help me to some degree of relief from my misery.

B. F. M.

—, Wisconsin.

—:o:—

The triple arsenates mentioned in the article are the arsenates of iron, quinine and strychnine. This combination is made more valuable by the addition of nuclein.

Herpes zoster in a man of your advanced years is more than likely to be rebellious to treatment. However, you will find that a saline in hot water before breakfast, calcium carbonate and colchicine with a half-pint of barley water three times a day and two triple arsenates with nuclein after each meal quite effective; if an hour later you take five grains of the sulphocarbolates and every third night calomel and iridin (one granule) half-hourly for four doses we think that you will probably improve markedly in the next two or three weeks. If you continue to take morphine you must expect to continue to have herpes. The morphine deranges the excretory functions and capillary circulation and thus adds to the difficulty.—Ed.



BACK TO BENJAMIN RUSH.

Dr. Benjamin Rush was a devotee of the lancet, calomel and tartar emetic—yet he was an original thinker and had his full share of therapeutic wisdom. Witness the following prescription for the treatment of hemoptysis, taken from an old letter printed in a recent number of the *Medical Record*.

Lloyd attributes the pleasure of smoking to nitrous oxide, best produced by slow combustion.—*Eclectic Medical Journal*.

Please to take half of one of these powders every morning, noon, and night in a little sugar and water. They are composed of half an ounce of niter, and two grains of tartar emetic, intimately mixed and divided into twelve doses. As soon as you have taken as many of these powders as shall reduce your pulse to its normal activity, or remove the present feeble degree of tension from it, leave them off and begin and take a small teaspoonful of pale bark every morning and evening. If it should purge you, take two or three drops of laudanum in each dose. If it should produce costiveness, take four or five grains of rhubarb in each dose.

Here is the idea of establishing vasomotor equilibrium, set forth crudely to be sure, but evidently Rush appreciated its importance. How many modern physicians take this factor into consideration? Today we use glonoin and atropine for a similar purpose.



A SERIOUS CASE AND ITS TREATMENT.

On October 11 I was called to see Mrs. A., multipara. Her mother had been urging her for several months to take treatment. October 10 she did a washing, and after this had severe pains in the back and abdomen. A doctor was called, used turpentine stupes, coal-tar derivatives, and morphine.

The morning of the 11th he was called by telephone half a dozen or more times with no results; finally he was requested to stay at home, and informed that Dr. Friend would be called. I reached there in a few moments, found severe peritonitis, constant retching, some vomiting, a very torpid liver with evidence of chronic lesion of same, threatened lung infiltration, temperature 104.5° F.



The *Canada Medical Record*, after 32 years publication has quit. Not 50 of its 1,000 subscribers paid up.—*Medical Times*.

I carry five pocket cases of alkaloids, and used the remedies indicated. Within forty-eight hours I felt that I had control of the peritonitis, and although some rusty sputa was expectorated, was controlling filling of lungs. "Gallstone colic" became so intense at night that the woman wished she might die, before she reached a condition of ease. The "gallstones" proved to be grape seeds but for the time being they were gallstones to her, to me and the family. The last grapes eaten were three or four weeks back.

The third day gave evidence of typhoid conditions. My usual good fortune failed me, I did not abort the condition but have had control of "the wires" all the way through. Today is the twenty-third day of the disease; I had her in a chair six days ago and she is now able to walk across the floor. So much for the indicated remedy in alkaloidal form. Many of the rose spots became well-filled pustules.

F. MILTON FRIEND.

Lamar, Colo.

—:o:—

We congratulate you upon your treatment of this case, although it certainly was a "wire-edged affair" to handle. The first steps taken were not just the best ones. Coal-tar derivatives and turpentine stupes could be replaced with advantage with colon flushing, saline purgatives, etc.—Ed.



A REMEDY FOR CHRONIC ECZEMA.

I was very much delighted and edified in reading Doctor Neiswanger's article on Pigmentary Nevi and Chloasma. He

Our bodies are storage batteries containing a definite amount of energy, quickly used up or made to last long.—Minot.

gives us a remedy which is almost a specific for eczema. I wish to add my mite by giving the profession a remedy that cured me of chronic eczema located on the front of the ankle of three years' standing. I purchased a Betz arm and leg hot-air apparatus, put my foot and leg in, and raised the temperature to 360° F., baked it for forty minutes, dried thoroughly and applied the following: Salicylic acid, dr. 2; oil wintergreen, dr. 1; witch hazel, oz. 1; oil mustard, gtt. 5; alcohol, oz. 4. M. Ft. clear solution: Sig. Apply solution once a day; bake at 400° F. on third day; continue solution and bake again on third day. These applications of superheated air followed by the application of this solution cured me.

Try it, brethren.

F. M. LENNARD,

Texarkana, Tex.



EPILEPSY OR CATALEPSY, WHICH?

Mrs. Mary H., 28 years old; she has been married eight years and is the mother of two healthy living children, and of one who is dead. Black hair, blue eyes and fair complexion. Family record good. About ten years ago and two years previous to marriage, at times when stooping, she would feel a swimming in the head accompanying with fainting sensations. After marriage the sensations became stronger. If she was sitting in a chair when one of these impressions came on, she would drop her head to one side, the countenance would become distorted, there would be a peculiar look out of the eyes and a white ropy fluid would run from the mouth.



Many men with no taste for liquor buy drinks because only in a saloon can a public urinal be found in cities.

The spasms increased in severity and in number, but have the same characteristics. They increased to the number of fifteen per day—some days—but seldom any day but what there would be one. She has been treated by four different physicians, but got no better—rather grew worse; became a mental and physical wreck. About thirty days ago I commenced to treat her. Being very weak I thought a mild purgative would be the first thing to order, so I gave one part calomel to two parts rhubarb and pushed elimination. Then I gave her the following prescription: R. Strychnine arsenate, gr. 1-134; glonoin, gr. 1-250; hyoscyamine, gr. 1-250; camphor monobrom., gr. 1-6. Twelve granules of each were dissolved in water and a teaspoonful given three times daily. She looks like another kind of a woman now and the "fits" are not so severe and not so often, say average one a day.

Her eyes and face look brighter, and she is now able to do her housework. Her menses have been irregular, but the female appendages seem to be in normal condition except the parturient canal not far in and towards urethra seems to have a roughness like the roof of a hog's mouth. Please tell me what to do to complete a cure. Would gold and nickel bromides in connection or alternation with hyoscyamine, cicutine, and verbenin be the proper thing to use in this case? I would like to hear from the brotherhood on this subject.

J. M. J.

—, Tennessee.

—:o:—

From your description of this case we believe that the trouble was originally autotoxemia. She is of course now in such a condition that it is hard to be sure

The appendix is the home of a microbe that attacks imperfectly assimilated nourishment; save it.—McEwen.

of obtaining a cure. Have you made examination for abnormalities of *sphincter ani*, malposition of the uterus, etc., etc. and is there any history of lesion or injury to the spine or head? We would clean this woman out thoroughly and stimulate renal and hepatic activity by giving calomel and iridin, gr. 1-6 of each and podophyllin, gr. 1-6, half-hourly for four doses every third night, followed by saline, a teaspoonful the next morning in half a pint of hot water. Also give cactin, one granule, dosimetric trinity, one, morning, noon and night on an empty stomach. Every three hours during the day the nervine (containing gold, arsenic and nickel bromides, with ext. aloes) one, scutellarin three with each meal, strychnine and phosphorus compound two tablets and some good preparation of pancreatin and pepsin after eating. Try this treatment for a month or two and report and we will make further suggestions. We also ask the "family" their opinions.—ED.



A THUMB NAIL SKETCH.

Good people all of every sort
Give heed unto my song,
And if you find it wondrous short
It cannot hold you long.

As this paper, which was read before the Ionia County Medical Society at Portland, Mich., Jan. 12, 1905, was first written on one side of a postal-card, in which the floor space is somewhat limited, it necessarily takes on the nature of a thumb-nail sketch.

Pausing to ask pardon for the prolixity of the preceding preamble the paper proper will now properly proceed:

For many years I have succeeded in mitigating the excruciating pangs of

sciatic rheumatism and in a number of cases entirely curing that malady by the internal administration of the tincture of colocynth, 15 drops to 4 ounces of water—giving one teaspoonful every fifteen minutes till relief.

C. S. COPE.

Ionia, Mich.

—:o:—

Dr. Cope has evidently had experiences! At any rate, his paper does not sin through prolixity. But he has cracked the nut and given us the kernel—and that's what we want!—ED.



PREPARATION FOR ANESTHESIA.

The following technique if carefully followed out will prepare even the most nervous or frail patient to take an anesthetic, so that he or she will be easy to put under and will suffer little or none from shock or nausea afterward.

1. Twenty-four hours before the anesthetic is administered give one ounce of castor oil. If patient is constipated give two ounces. Place the patient in bed and give light diet.

2. Give ergotin gr. 5 or fl. ext. ergot, dr. 1, and strychnine, gr. 1-30, fourteen, ten, six and two hours before commencing anesthesia.

3. Give chloretone, gr. 10, half an hour before and morphine, gr. 1-4, with atropine, gr. 1-150, fifteen minutes before the anesthetic is administered.

4. No food or liquids allowed for six hours before the operation.

The oil will clear the bowels of all offending matter. The ergot, and strychnine will contract and hold to the normal tension the arterioles and so diminish or prevent shock.



The *Cal. State Journal of Medicine* says it is reported that the child of a druggist died under his own worthless strophanthus.

During disease the functions of organs including eliminants are decreased unless stimulated by therapeutic agents.—Wahrer.

The chloretone is sedative to the stomach and nerves and the morphine is anodyne so that the patient will require less of the anesthetic and generally sleeps quietly for two or three hours after the operation. Frequently patients will go through severe and prolonged operations after having been prepared by this method and rest as comfortably afterwards as though awakening from a natural sleep. Try it.

F. C. HAGAR.

Smith's Falls, Ont.



HYOSCYAMINE IN NEPHRITIC COLIC.

In the September number of the CLINIC, page 916, Dr. Robertson asks why the little pills didn't act better than they did in his case of renal colic, alluding particularly to the hyoscyamine granules which failed to relieve the intensely-excruciating pains, and his resort to morphine to help him out.

In my practice in similar cases I have used hyoscyamine with success, using no medicine by the mouth. In my last case, J. B., male, had at different times to my knowledge passed small calculi per urethra. Last February I was sent for late one evening, and found the patient writhing in agony, the pains being very severe; temporary and momentary relief being had by his lying on his right side, with one thigh flexed on the abdomen. He did not wish to send for a doctor, the expense being a factor, till he was urged by his friends and of course it became a matter of compulsion.

Four granules of amorphous hyoscyamine, gr. 1-250, dissolved in an ounce of hot water, is drawn up in a small hard rubber syringe with a nozzle; a metal



A druggist said the reason he sold cocaine to fiends was that he was running a drug store and supplied what people want.

catheter oiled previously being inserted into the bladder, and through the lumen the solution is gradually poured in. The catheter is now withdrawn and the urethra is forcibly compressed for a few minutes, and relief is almost immediate.

This mode of medication is superior, I consider, to others in vogue, as it is direct and influences all the parts involved; not only the ureters, but the pelvis of the kidney likewise. In females less difficulty and time would be experienced in introducing the catheter, compressing the meatus the same to insure absorption.

In the interim of the attacks I have found nothing to give better results than salicylate of sodium, five-grain doses four times a day, but according to the editor's remarks to Dr. Robertson's case, I will try calcium carb. in the next case presenting.

E. MAGUIRE.

Oakland, Calif.

—:o:—

Your idea of throwing the solution of hyoscyamine into the bladder is a good one. We used a similar measure once and once only but in that case relief was, as you express it, "almost immediate." —Ed.



SIMPLY IMPOSSIBLE.

I have read the following excerpt in eight different lay journals and it makes me tired.

Dr. W. W. Keen, the Philadelphia surgeon, has a number of scrap-books filled with anecdotes about physicians. These anecdotes are odd, from the fact that they all throw upon physicians a most unflattering light. To illustrate their character, Dr. Keen quoted one of them recently.

If anything delights the average medical editor it is publishing something from a German or French journal.—*The New Idea*.

"A physician was driving through the street," he said. "A friend stopped him. "'Doctor,' said the friend, anxiously, 'have you heard that horrible story about Williamson?'"

"'No,' said the doctor. 'What story is that?'"

"'A story to the effect that he was buried alive.'"

"'Buried alive?' said the doctor. 'Impossible. He was one of my patients.'"

It is to be regretted that Doctor Keen's well-known modesty prevented him giving the more accurate version of the story. It runneth thus: "A clever surgeon was driving," etc., when a friend stopped him and asked had he heard the horrible news of Williamson being buried alive. "Buried alive?" said the surgeon, "Impossible, I recently operated on him." Please print the revised version. Philadelphia papers please copy.

EDWARD A. TRACY.

South Boston, Mass.



PILOCARPINE AS A GALACTOGOGUE. CALCIUM IODIZED.

I have another success with pilocarpine as a galactagogue to report.

November 21 I was called to a confinement case, and delivery occurred all right, at three o'clock the 22nd. But when I was looking at the breasts I noticed they were soft and flabby and not developed as they should be, and the woman said: "I am afraid I am not going to give any milk. There has been no secretion in the breasts during gestation." I told her she need not fear, and gave her a supply of pilocarpine with directions to take two granules every hour till sweating occurred, then to stop and repeat the same the next day. I saw her again in about fourteen hours

and she was sweating "some!" She repeated the same treatment the next day and upon the following I saw her again, and she said she had "milk enough to supply all the babies around the country." In fact it ran from the breasts all the time. I told her to stop the granules and pump the breasts until the baby could pump them himself.

And another for calcium iodized: There are four children here in one family, and one night last week all had the croup, as did also the mother, who is forty years old; it runs in the family. I gave them the calcium iodized with directions for using it, and the next day the mother said they were all cured and sleeping in an hour, and had not had the croup since. The father told me he wanted a "barrel" of that "croup stuff," to keep on hand. Of course he did not want that much, but I ordered three ounces so as to have a supply on hand and be "loaded" when the croup cases come in for medicine.

Have you ever used calcium iodized for goiter? I never did until four months ago. A girl came in with the thyroid enlarged, both lobes about two and one-half by one and one-half inches, and the isthmus about one inch across. I gave her calcium iodized two tablets (2-3 gr.) four times a day, with tincture of iodine to paint on every other day until irritation. I saw her every two weeks and the growth gradually decreased until now you can only feel one side of the gland and it is only one inch by three-quarters inches, and soft. I think that that will go down, too, as did the other side. Of course it was but a simple parenchymatous goiter and phytolaccin would have helped, but I wanted to see what calcium iodized alone would



Lecithin may act as a complement in hemolysis produced by cobra venom, playing a role analogous to a ferment.—Kyes.

Corrosive sublimate with lecithin forms a harmless compound, materially reducing the hemolytic effect.—Detre & Sellei.

do, as I like to use single remedies when I can. Is that alkaloidal teaching? I am satisfied with the results in this case and will try again the next case I find.

CHAS. S. MELLEN.

Wolcott, Ind.

—:o:—

That certainly is alkaloidal teaching! You have a clear-cut demonstration of the value of the calcium iodized, literally before your eyes, and you *know* what it will do in cases like this because there is no division of responsibility for the result. Let us have more of the rifle-shot style.

Yes, we have used calcium iodized in goiter, and with similar good results. This remedy is valuable in every case where iodine should be used. On account of the peculiarly loose combination of iodine in this remedy it seems to be far more effective than an iodide.—Ed.

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BARBER'S ITCH.

The next case of barber's itch you have try a saturated solution of bicarb. soda, and report results.

O. P. PAULSING.

Santa Maria, Cal.

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HEMORRHAGE AND OTHER THINGS.

In bleeding from the lungs, stomach, or in bleeding from the gums in bleeders I use an enema and the defervescent granule, no stimulant or food.

M. F. bled four days from the stomach. An enema and four defervescent granules settled the trouble and she had no more bleeding. I gave sulphocarbolates and tried to keep the vasomotors

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The manufacture of hypochondriacs is a regular business—intentional—carried on by diabolical advertisement.—Bok.

free, but she went into consumption. I sent her to high ground and now she is quite well. The defervescent will abort pneumonia or any condition of blood stagnation if seen early, and prevent what might be serious. Calcidin will stop membranous croup.

I had good results from copper arsenite in English cholera and heat stroke. Arsenic iodide with arsenic sulphide on alternate days will kill boils better than anything. The timely suggestion of colchicine in lung trouble is not to be overlooked. A boy of five suffering from bronchopneumonia hung fire, did not respond, but I gave the triad every two hours, triple arsenates (three "doctors") and support. An abscess broke on the forty-second day. I had an examination by three pathologists, but they could not detect tubercle, hydatids or anything else, but suspected streptococcus and staphylococcus. I gave sulphocarbolates also.

I do not dispense medicines but I always have a good magazine of alkaloids by me.

I would like to learn how veratrine acts in stomach diseases. I am interested. We pay too little attention to etiological factors. A girl, anemic or chlorotic, gets a little better, takes tons of medicine, is constipated, then threatened with ulcer of the stomach or consumption, and a few granules of veratrine keeps the bulk of blood out of the weak places.

ALPHA.

——, New Zealand.

—:o:—

The method of treating hemorrhage, which you suggest, is all right. Vasomotor therapy, "keeping the vasomotors free," is the secret of success here, as it

Henle cures coryzas by a bandage around the neck, the hyperemia so relieves that half a day cures. Not too tight.

is in many other ailments. The use of veratrine in dyspepsia, which has yielded good results in your hands, in certainly logical in many forms of nervous indigestion, which are attended, almost always, with more or less vascular disequilibrium. But we should hardly think of veratrine as a routine remedy for dyspepsia.—Ed.



REAPING, AS WE HAVE SOWED.

I admire your style and your candid way of saying things. My opinion is that you are doing much good in teaching medical men how little they know of life, health, disease, and how to cure them. I have myself started a little health journal for the people of this State with the hope of teaching them something regarding the laws of health. I have lived long enough to learn that if a man sins enough to get into a certain condition of body and mind, all the medicine and other treatment in the world, with Christian science thrown in, would not save that man from the awful consignment of his sins against natural and Divine law, for "As ye sow, so also shall ye reap."

JAMES BEARD.

Santa Ana, Cal.

—:o:—

Thank you sincerely for your kindly expressions. We most heartily agree with you that people bring upon themselves their own miseries and we also share your opinion that to save them from the results of their own folly we must teach them "the better way." It is a strange thing, but the most important, the most wonderful thing of all; the law of *life*, is veiled through ignorance. It is, in our opinion, just as important



Faults of digestion without proper elimination are often responsible for grave convulsions in children.—Wahrer, *Amer. Ther.*

to know how to live, as to devote our lives to preparation for death and what comes after.—Ed.



A REMEDY FOR "PRAIRIE ITCH."

Dr. John Mayer of Osmond, Neb., writes the CLINIC that he has a remedy for this most annoying and stubborn disease which is practically infallible. He will send the formula to any practitioner who will ask for it and enclose a stamped envelope. The doctor will not give the formula outright for the reason that he believes that the man who finds a nugget of gold in the mud has a right to keep it (or share it with other workers if it so please him) but thinks it absurd to have it for every hanger on and lazy-bones to help himself from. He thinks that the profession has enough drones who would grow fat on the labor of others and doesn't propose to gather honey for them. However, if any "drone" is energetic enough to write the doctor for his formula (and will promise not to print it) he can get his share of this particular piece of therapeutic honey. The formula is a good one. If you have to treat the "digs," "scratches," or "prairie itch" you'd better try it.



Dr. W. H. Walling, the well-known author and specialist in electricity, etc., announces that he has taken the commodious cottage, 1209 Pacific Ave., Atlantic City, N. J., and is prepared to accommodate a limited number of patients. Location very desirable; large cheerful rooms, wide porches and shade. The sick and the convalescent will find every desirable comfort. Open all the year.

The March Binnacle, published by the Columbia Yacht Club, contains a nice notice of the Houseboat Book. Get it.

AMONG THE BOOKS

Prof. G. Frank Lydston's widely known classic on *The Surgical Diseases of the Genito-Urinary Tract*, Venereal and Sexual Diseases, was issued last October in a second edition. Whatever occurred of new and permanent value in this field during the five years since the first edition of this work was published did not escape the author and was incorporated in this edition. The work is valuable for its thoroughness and for its adaptability to the needs of the general practitioner; it shows him how far he may safely go in the medicinal treatment of these diseases before resorting to surgical interference. It is a safe and reliable treatise. Publishers: F. A. Davis Co., Philadelphia, \$5.00.

Those of us who are old enough in the profession may call to mind the time when the liver was made a scapegoat to bear the sins of medical ignorance, whenever it was so easily percussed out as too big or too small, or thought to be generally "out of order." Then we may remember the time when we left liver disorders to the tender mercies of the quack who might accuse it of all kinds of diseases; while we ourselves spoke of that respectable organ with a look of semipity. Now we know more about it. We study diagnosis in our clinics and pathology not only in the necropsy room, but in our laboratories, too, and we begin to know what we do know substantially.

All this is a prelude to the notice of Dr. H. D. Rolleston's *Diseases of the Liver, Gall-Bladder and Bile-Ducts*. It is an exhaustive, scientific, practical, lucid

account of the many diseases and disease-connections of the liver. It seems to be the outcome of a large practice, of penetrative patient observation, and a happy faculty of clear statement. Most heartily do we recommend it to the profession. Publishers: W. B. Saunders & Co. \$6.

Gallstones and Their Surgical Treatment, by B. G. A. Moynihan, M. D., Leeds, England. Fully illustrated. Publishers: W. B. Saunders & Co., Philadelphia, 1904. \$4.00.

The author's name is pronounced phonetically—Munyan. So we have it from a nurse formerly in his service. The book is remarkably thorough and exceptionally well illustrated, and luxuriously printed. It is a masterly work by a master who has gathered knowledge from many quarters on this distinct surgical disease whose reflex actions are almost ubiquitous. To operate successfully is to operate early, and to operate early we must know more than our own experience can give us. This author's book will give the information you need. In addition to its valuable chapters it has a most serviceable index of thirteen pages.

The Sexual Life is a scientific treatment designed for advanced students and advanced physicians, written by Dr. C. W. Malchow, and published by the Burton Company, Minneapolis, Minn., 1904. \$3.00.

Dirt is matter in the wrong place and so we may say that impurity is sexual thought in the wrong sphere. This book

is excellent every way, but it is decidedly not for the average lay man or woman. Some commendations we read of this work recommend it being put into the hands of the laity. We differ from this decidedly, but for the physician it is a long while since we have seen a book of which he stands in so much need to read attentively, and to utilize in his practice. There is no escape from the fact that much of the sexual life of the present age, though it be legal, legitimate and churchly unrebuked is nevertheless wrong, unnatural, and nerve and health-destroying. Witness our crowd of neurasthenic women and the prevalent two-children system. Some physicians need this book as an eye opener, others will find in it words for thoughts they vaguely entertain.

We have not space enough to criticise the rhetoric style of the author more than to say that in the second edition he might be less flowery and make his language always perfectly lucid.

We have in our hand, as we write, a circular entitled, *List of Bulletins and Circulars Issued by the United States Department of Agriculture* and Available for Free Distribution. We advise you to send for it, if you are interested in any phase of agriculture, irrigation, forestry, dairying, the care or the diseases of domestic animals, good roads, injurious insects, etc.

It is hardly possible that any CLINIC reader could fail to find among these publications matters which would interest him, so much so that he would thank us for the suggestion we are here giving him. There is another circular issued, giving a list of publications for which a small price is charged.

The April number of *The Way to Win* contains an article upon "Where Shall the Young Doctor Locate," which contains a fund of wholesome advice which will interest every young doctor and many of the old ones. A. L. Hughes tells how to make a trip abroad at the minimum of expense, which will be worth a great deal to any one contemplating such a trip. Then there is an article about chances for success in California, one describing the possibilities opened up by the new irrigation legislation all over the West, and many other things that will please you. Send 50 cents for a year's subscription to Alfred S. Burdick & Co., 1412 E. Ravenswood Park, Chicago.

Legal medicine is a subject so extensive and changing so rapidly in the present day of industry and instruments and intercommunication, that no physician can afford to be uninformed about it. Some of us may have older text books on this subject that are excellent, but we miss in them the newer discoveries which aid so much in diagnosis and prognosis and hence the bearings of these on forensic medicine.

We highly recommend on this subject F. W. Draper's *Text Book of Legal Medicine* as an up-to-date book. It is well written and illustrated. Publishers, W. B. Saunders & Company, Philadelphia, Pa., 1905. \$4.00.

The Deluge and Its Cause, by I. N. Vail, refers to the author's theory that our earth was before the flood surrounded by vapory belts and canopies as Saturn and Jupiter are now. The theory explains the geological stratification very cleverly. The booklet of one hundred

Dr. J. J. Harris has launched a Substantial Philosophy Sanatorium at St. Paul, Minn., for promoting substantial health.

The American Therapist publishes a suggestive paper by J. H. Reed, on diabetes, with benzozol as intestinal antiseptic.

and thirty-one pages goes as a premium with "Suggestion," 4020 Drexel Boulevard, Chicago.



Gynecology, Medical and Surgical, Outlined for Students and Practitioners, by Dr. H. J. Garrigues, will prove a most acceptable book to those for whom it is designed. Both of these are always pressed for time, yet neither of them can afford to lose any details which are essential to the understanding of any part of this great subject. Garrigues has a happy faculty of making things clear both by word and illustration, and this he exerted to the best advantage in the book before us. Publishers, J. B. Lippincott Co., 1905. \$3.00.



We regret not to have been able before this to review the *Progressive Medicine Quarterly* for the last three quarters. Their values, however, are permanent and not bound in their practical utility to seasons.

Volume VI., Number 3, September 1, 1904, contains, (1) Diseases of the Thorax and its Viscera, including Heart, Lungs and Blood-vessels. It is full of valuable information, suggestions, and instruction, which no progressive physician should be without. The same is to be said of (2), Dermatology and Syphilis, and of (3), Diseases of the Nervous System. And an especial encomium belongs to the section on (4), Obstetrics. In all of these departments the newest, most tried and practical are gathered from the practice at home and abroad.

Volume VI., December 1, 1904, Number 4, gives a summary of progress on the following topics: (1) Diseases of the Digestive Tract and allied organs, Liver,

Pancreas and Peritoneum; (2) Surgery, Anesthetics, and all Diseases of the Extremities; (3) Genito-Urinary Diseases; (5) Practical Therapeutic Referendum. Of which of these can the progressive physician afford to be ignorant of what has been and is being done by the ever alert, searching, self-sacrificing modern medical profession the world over? And where can he find it better and yet at such low price as in this series? That referendum alone is worth the price of this number. For what after all are we physicians in the world for but to practise therapy, to heal, despite our detractors, and despite our ill rewards.



The Urine and Feces in Diagnosis is happily elaborated by three experts and teachers, who sensibly divided the necessary work among themselves. Dr. O. Hensel gives the bacteriology, Dr. R. Weil the pathology, and Dr. S. E. Jelliffe, the therapeutic bearings of the subject. The urinary part, occupying one hundred and fifty-six pages, gives of course the latest and most reliable chemical and microscopic methods of examination. Yet the old too is not overlooked, and the writer of these lines greeted with solemn cheerfulness the name of Heller and his ring tests, from whom he learned the science of urology nearly fifty years ago. And now comes the feces examination part of the book, for which even the legitimate word "Coprolology" is yet not current. Some ten or fifteen years ago a physician in Moscow, Russia, began the study of it with the object of helminthiasis in view. This part occupies one hundred and sixty-seven pages of the book before us, and a fine work it is, for which we are thankful, for it is up-to-date and immediately



Dupuy calls attention to the importance of the upper respiratory tract as a source of systemic infection.—*N. O. M. & S. Journal*.

As a rule, mitral disease produces depression, and aortic lesions more frequently exaltation.—J. G. Kiernan, *Amer. Therapist*.

available in practice. Publishers, Lea Brothers and Company, Philadelphia, 1905. \$3.00.



Pharmacognosy. This is a book to guide the student of pharmacy in the minutiae of drug organisms as discovered by the microscope. The book contains only 253 pages, and many of them are occupied with excellent microscopic delineations of plant structures. Hence it goes through but a few of the important plants. But the present student of pharmacy may well learn from this book what the science of his day demands of him to know in order to be an efficient help to the physician, and not a mere druggist's clerk. The author, Dr. S. E. Jelliffe, is professor of pharmacognosy in Columbia University. Publishers, W. B. Saunders and Company, Philadelphia, 1904. \$2.50.



Cranio-Muscular Origin of Brain and Mind, by Philip H. Erbes. Promethean Publishers, 622 N. Rockwell St., Chicago. \$1.00. Postage ten cents.

The title clearly enough states the novel theory urged in the book. It reasons on the lines of the evolutionary theories, which whether true or false, as is at present the trend on the continent of Europe, refer to facts that are undeniable. On these anatomic and psychic facts the author reasons logically and cogently. It is a book for the thinking physician and the informed layman.



Of Saunders' Medical Hand-Atlases there came to hand two. The first is the *Atlas and Epitome of Operative Ophthalmology*, by Dr. O. Haab of Zürich, edited by Dr. DeSchweinitz of this coun-

try. Haab beautifully combines Teutonic thoroughness with Anglo-Saxon practicality and DeSchweinitz's editorial additions enhance still further the excellence of the work by bringing it up to the latest date. The need of such an atlas, for the expert even, is acknowledged on all hands and for the young practitioner it is indispensable. Too many good things cannot be said of this work before us, in every respect—mechanical, artistic and scientific detail. Price, \$3.50.



The study of Sexology, physical, physiological, and psychological, and all these both normal and abnormal, is far from being completed. And yet the knowledge of these are vital to the welfare of the individual, the family, the state, and the human race. Krafft-Ebing is dead; and a beneficent worker for humanity has gone with him. Havelock Ellis is living, thank God, and is working now in the psychologic field of the sex region of life. He gives us now as part result of his labors a volume of *Studies in the Psychology of Sex*. This volume deals with *Sexual Selection in Man*. (1) Touch, (2) Smell, (3) Hearing, (4) Vision are covered. He promises five more volumes on the main subject.

The physician and the jurist ought to be more thoroughly acquainted with the subject, so that on occasion they may inform candidates for marriage or divorce, and the ill-informed abettors of either. It is not too much to say that the future welfare of civilized society depends upon a better understanding of sexology than obtains now. Publishers, F. A. Davis Company, Philadelphia, 1905. \$2.00.



A cardiac state in which emotional phenomena occur with great frequency omens a bad prognosis.—Kiernan, *Amer. Therapist*.

Rest from a moral standpoint does not mean rest in bed, but rest to over-excited organs by employing others.—*Kiernan*.

CONDENSED QUERIES ANSWERED

PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

ANSWERS TO QUERIES.

ANSWER TO QUERY 4634:—This query in the February number of the CLINIC, by E. H. J. of Kansas, brought to my mind some of my experience, when I began practice some twenty-three years ago. The railroad passing through my place was laying a second track, and to do this work they employed Italians, some seventy-five to one hundred in number, who lived in a shanty. Their habits of life were filthy. I make these statements to make clear what I am about to write later. During the autumn of that year a skin disease developed among the inhabitants of the town. The eruption was only of small papules, not numerous, but accompanied by intense itching and burning. The writer knows about this, for he and wife also had a time with it. The other physician and those of neighboring towns had seen nothing of this disease and were puzzled to relieve the sufferers.

I don't know how it was with the other doctors, but with me it was a personal search for relief. I searched my small library but could only find a small paragraph in Hartshorn's Essentials of Practice which gave me any light upon the subject. This paragraph referred to "army itch," a disease believed to be caused by the filth of camp life. The description he gave described what I had, and others around me. The "army itch" as he called it was contagious and spread to those outside of the army. From this information I believed I had what I needed. He recommended a lotion of iodide of potash, glycerin and water. I used iodide of potash, one-half ounce, and glycerin and water each one ounce. This proved a specific. I

used and recommended a soda bath and an application of a lotion at bedtime, and only a couple of applications were necessary.

A. Y. MEYERS.

Buskirk's Bridge, N. Y.

ANSWER TO QUERY 4658:—I am of the same opinion as the editor in regard to that foot pain. The reason why I think the pain is of local origin is that the patient is perfectly well after a night's rest, but complains after a couple hours of walking. The footwear doesn't seem to fit the foot, thus acting as a cause of constant irritation through pressure on the soft parts. The pressure removed and a cure will result. The lesion present possibly is a small corn or callosity, which is exceedingly painful on this part of the body, as I have had a chance to observe in the practice of a competent chiropodist. The small, hard tags will have to be dug out and then the parts covered with several layers of adhesive plaster in order to lessen as much as possible the pressure caused by walking or long standing. Proper well-fitting footwear should be worn. The kind I recommend in my practice in such cases is Doctor Reed's "E. Z." Cushion shoe, which has a thick layer of soft felt inside the shoe, thus protecting the soft parts of the arch of the foot and removing all pressure and friction. If a corn cannot be discovered after careful examination, then the pain is probably of nervous origin, due to the pinching of the external plantar nerve by the adjoining fourth and fifth metatarsal bones. The pains are often intense and of a sharp and cramp-like character. The af-

fection will be relieved in the milder cases by wide, thick soled shoes and by the use of a narrow flannel bandage drawn snugly about the metatarsal region. In severe cases resection of the head of the fourth metatarsal has to be performed.

DR. WENZEL, St. Joseph, Mo.



ANSWER TO QUERY 4666, on coal oil. I want to add my mite. About the close of the Civil War I saw a number of patients cured of chronic rheumatism, and have cured two patients of articular rheumatism by applying, two or three times a day, crude petroleum or coal oil as it is taken from the earth. Apply warm and rub well.

In Query 4672 some one wants to invest money. If 9 per cent per annum, loaned on good farms, is a good investment for him we can help him out.

C. S. MERADITH, Lawton, Okla.



ANSWER TO QUERY 4666:—M. C. R., of Arkansas, asks for the medical properties of coal oil. Here is a very important one. I was called to see a ten-year-old girl of Mr. S., eight miles away, who had been bitten by a rattlesnake. I arrived one hour and fifty minutes after the child was bitten and found her with her foot in a bucket of coal oil and a dark-colored spot about the size of a silver dollar on the left foot, in which was plainly visible the puncture of the two fangs one and one-fourth inches apart. The snake was coiled under a cotton stalk from which the girl was picking cotton and was nearly four feet long. The leg was swollen nearly to the knee and the coal oil in the bucket was deep enough to reach half way from ankle to knee. The pulse was good and the face flushed. In fact, the circulation was above normal. She had drunk some whisky and mustang-grape wine, which had made her sick at the stomach. In a short time she threw it up. Her mother told me the swelling and discoloration

had stopped when the foot was placed in the coal oil. I removed the foot from the bucket of oil and wrapped the foot and leg to above the knee in cloths saturated with the coal oil and upon the cloths dropped a little fresh oil every twenty minutes. I watched the child for three hours, during which time the pulse remained good and strong with no extensions of the swelling nor discoloration so far as I could tell. The next day they reported that the child had slept well during the night and had taken plenty of nourishment. A little swelling reached the knee, but in four days the child could walk about and needed no further treatment.

CASE II. I received a telephone message from Mr. R., fifteen miles away, that a copperhead snake had bitten his little girl on the foot. I replied, "Put her foot in a bucket of coal oil till I get there. Upon my arrival (at 9 p. m.) I found her sitting on the porch with the foot in a bucket of coal oil, laughing and talking with the other children. The thirty-inch copperhead snake that had bitten her was killed and was on exhibition at the woodpile. The little girl received no other treatment. Slept well all night. Foot was considerably swollen next morning and on attempting to walk she complained of its being very sore.

CASE III. Mr. S., a stockman, was bitten on the middle finger of the left hand by a rattlesnake, one and a half miles from home. He went home quickly and put his hand in a vessel of coal oil. The swelling went to the shoulder and was very bad. His heart action held up tolerably well, requiring only a little support. He lost his finger and was six weeks getting well. He was a fine specimen of vigorous manhood and I believe could have been saved without "coal oil," but I believe both little girls were saved by it. The coal oil was applied immediately in the cases of the little girls, but twenty or thirty minutes elapsed in the case of Mr. S. The common commercial illuminating oil was used.

J. M. PATTERSON, Graford, Texas.



Whatever the Anglo-Celtic races have accomplished is due to their suppression of undue emotionalism.—Kiernan, *Amer. Ther.*

Emotionalism entails erethism; causing nerve exhaustion. Here camphor monobromide and conium quiet strain on the heart.

ANSWER TO QUERY 4666:—In the March, 1905, number of THE ALKALOIDAL CLINIC, M. C. R., of Arkansas, asks for information upon the medicinal properties of coal oil. Upon this subject permit us a few lines:

In a crude condition, petroleum is a thick, oily liquid, in color from light-green to red or black, with a greenish luster; it has a distinctive odor, which in certain varieties is highly offensive on account of the presence of numerous sulphur or phosphorus compounds. Refined petroleum or kerosene, is produced as a product of fractional distillation. Burning oils are kerosene, graded according to two standards, of color and fire test. An oil of 150° F. fire-test and water white in color is known to the trades as "headlight oil." Petroleum is probably the product of the dry distillation of coal-beds caused by the earth's heat, or of the dry distillation of the fatty constituents of fossil organisms.

Coal oil is an excellent solvent for iodine, and the solution makes an excellent spray when used in the atomizer; it gives immediate relief in sore throat, that is, in inflammation of the fauces and soreness of the larynx, and it is also good in nasal catarrh when the secretions are offensive. An inspection of the descriptive catalogue of Parke, Davis & Co., under the section, Inhalants, will throw light upon the manner of using petroleum products. Petrole-Alba Comp. (Harvey) is a combination of stimulant and antiseptic remedies with the neutral and odorless base, Petrole-Alba; it is a preparation of great value in treating catarrhal conditions of mucous membranes either by atomizing or by simple local application.

Before the introduction of calcidin our specific treatment for croup was the administration of medicinal kerosene, a few drops on sugar, repeated every ten minutes until relaxation occurred or vomiting supervened and the membranous products were expectorated; at the same time a local application was made of the same remedy to the region of the larynx

externally, and a warm woollen bandage placed around the neck. As nearly as we can recollect, coal oil has been used by rectal injection in cases of intestinal obstruction with success.

Having observed that laborers about the petroleum wells of Roumania were free from pulmonary tuberculosis, Pellissier was led to the use of filtered petroleum, administered in capsules. The patients were made to breathe the air that passed through petroleum. Our office in Kentucky has for some time used a medicinal kerosene, after the plan suggested by Dr. Frank Prince of Bessemer, Ala. We here quote from Dr. Prince in an old number of the *Medical Brief*, the article referring to the treatment of tuberculosis by kerosene, creosote, etc. "In order to be exact, I keep all the medicines in separate vials, and order one teaspoonful of kerosene oil, one of whisky, one drop of creosote (beechwood) and one drop of guaiacol, to be taken at 7, 12 and 5 o'clock each day, or five minutes before each meal, all in hot water. Keep this up for a day or two and then gradually increase until you give a wineglassful of rye whisky and kerosene and four drops each of creosote and guaiacol, each dose. There is no danger in the amount of kerosene oil even to half a pint at a dose and whenever the stomach tolerates the remedies, the patients improve rapidly."

One of the manifestations of treatment that occurred during the use of the above combination was the affection of her entire glandular system with abscesses; her improvement was concomitant.

In using this treatment our patients were those suffering from pulmonary tuberculosis, incipient phthisis, or presenting evidences of pulmonary consumption in any of its phases. It has in all but a few instances, been administered with benefit and without derangement to the digestive functions. It is curative in many cases, we believe, and palliative to all who were able to take it. Our formula is as follows: Kerosene



Depression interferes with hepatic action by suboxidation; treatment of resultant intestinal fermentation is indicated.—Kiernan.

Fecal resorption intensifies depression directly and by indican causing renal strain; use hydragogs, apocynum, asclepias, etc.—Kiernan.

(medicinal), dr. 4 (or more); creosote (beechwood), dr. 1-2; tinct. guaiacum, dr. 2; powdered sugar, powdered acacia, essence peppermint, aa., q. s.; honey, dr. 2; whisky, dr. 10.

Mix et Sig: One teaspoonful repeated as required or desired.

The only definite and reliable preparation of medicinal kerosene that can be prescribed or that our office has been able to obtain, is the natroline made by G. F. Harvey & Co., Mfg. Chemists, Saratoga Springs, N. Y. In phthisis Angier's petroleum emulsion acts most admirably: Guaiacol, gr. 40; ext. pinus canadensis (S. H. Kennedy), ol. eucalyptus, aa, dr. 1; syrup poppy, dr. 1; petroleum emulsion (Angier) ad oz. 6.

M. et ft emulsio.

Sig: One tablespoonful one hour after meals.

DOCTORS PENNEBAKER & TRIPP.
Pleasant Hill, Ky.

ANSWER TO QUERY 4671:—If the brother has not tried this treatment I would advise him to. It may be a little painful but will cause it to necrose and drop off. Formalin (Shering), 2 parts. Cocaine or eucain, 1 part. Wet the wart twice daily for several days and when it drops off there will be no sore underneath. Internally take echinacea, Lloyd's specific tincture, 10 drops in water three times per day. Continue the tonic for several weeks.

QUERIES.

QUERY 4723:—"Fibrolipoma." Lady, 31 years old, had a chronic mastitis following birth of her child, 6½ years ago. A hard and small tumor formed in the upper and outer quadrant of right breast; operated on and pathologist found it to be fibrolipoma. Since this there has been a small nodule in axilla, which is, in all probability, a fibrous gland. This does not grow but causes some pain on movement of arm.

There is no doubt as to the microscopic finding as it was examined by a most able pathologist and found to be fibrolipoma.

W. P. D., Michigan.

We would suggest calcium iodized and the antiscorbutic tablet (calcium iodized, gr. 1-3; phytolaccin, gr. 1-3; arsenic iodide, gr. 1-67; nuclein, gtt. 4) one, four times daily. Ichthyol locally may be of service and we have seen some results in such cases from the administration of a two-grain ichthyol pill three times a day. We believe that the calcium iodized, etc., with the addition of three sulphur compound granules af-

ter each meal will give just as good results — if not better. Little of course can be done by the administration of medicine for such cases. Extirpation is called for. Keep the woman in a first-class condition and watch all the functions closely.—Ed.

QUERY 4724:—"Leg Ulcer." Male, age 59, single, chronic ulcer of both legs just above ankles. Right leg ulcer measures 4½ inches around leg, or 3½ inches measuring up and down the leg. There are two ulcers on the left leg not quite so large. This patient is a very large man, raw-boned, weighing close to two hundred pounds. His father suffered from the same trouble, but so far as I am able to learn there is no specific history. In my opinion he is like Cæsar's wife, "above suspicion."

On January 19 he came to me from another physician, stating that the other M. D. took no interest in the case and would hardly look at his legs. His treatment was "iodoform." We have used bichloride of mercury, boracic acid, bovine, Monsell's solution diluted with

The present age of medical practice does not sufficiently estimate eliminative medication.—C. F. Wahrer, *American Therapist*.

Unless destroyed tissue is as rapidly eliminated as it is produced, we soon invite auto-intoxicants, fermentation and resorption.

one half water, peroxide of hydrogen full strength, permanganate of potash, all locally. Salines and the triple arsenates with nuclein internally. Bovinine and Monsell's solution seemed to give best results. We tried our best to impress upon this man the fact that constant and careful attention was necessary to "heal him up" but in spite of our warning when we had made some progress, twice he missed a day each time and of course he got worse very fast. We now have him at his own home keeping quiet, bandaging his legs every day.

S. D. W., Kentucky.

We have found ulcers of this type yield promptly to the following treatment: First and foremost clean thoroughly with peroxide of hydrogen using a 50 per cent solution (just warm). Trim off or curette (using cocaine if needed to be thorough) all shreds or necrosed tissue. Then dry, and apply pure turpentine (Merck) on *one* thickness of gauze; cover with dry gauze and snug bandage. Repeat every day for three days or till all sloughing ceases and granulations are apparent; then dress with iodoform gauze soaked with bovinine, changing often and protecting the wet gauze with rubber tissue. Take off from the man's arm a few tiny pieces of skin and plant them over the surface; cover with sterile tissue (rubber) full of pin holes and apply the gauze over this, soaked as before. *Asepsis* is the main thing. Internally give with meals arsenic sulphide, one granule, xanthoxylin, three; after eating, two of the triple arsenates with nuclein, and between meals chimaphyllin three and stillingin two. Saline every morning in hot water.—Ed.

QUERY 4725:—Dosage of Strychnine Arsenate for Child." How often and

how would you give strychnine arsenate to a child one year old?

W. C. G., New York.

A child one year old can take gr. 1-134 of strychnine arsenate three times daily with safety. If the drug is to be given for a long period, however, it would be better to reduce this dosage so as not to get too pronounced an effect. Look out for physiological evidences of sufficiency and should these become evident, reduce the dose one-half.—Ed.



QUERY 4726:—"Ileocolitis or Cancer of Duodenum?" I send a small vial of feces which I wish you to have tested for tubercle bacilli. I was called to see Mrs. C. She is aged 50 years, American. Three years ago she began to be irregular in menstruating and 15 months since ceased entirely. Coincident with the beginning of irregular periods she contracted diarrhea, which was very hard to control and resisted treatment for several months, but finally yielded. It however, returned the next year and was again stubborn and again was relieved after long treatment. Again this summer it returned and up to this time has been intractable. The stools are liquid, not large variable in number, running from two to ten in the day. Little or no pain, no tympany, no soreness except within the last few weeks. No acid eructations, no enlargement of stomach. No fever, rather subnormal temperature, especially in the morning hours. Gradual emaciation. Looks cheerful, feels hopeful and confident of recovery. Sleeps well. So hungry but afraid to eat for fear of increasing diarrhea. She is not of nervous temperament nor irritable disposition. I failed to find any enlargement of any gland either abdominal or other. Complaints of secretion of salt by buccal glands which she claims irritates her throat and extends into stomach. Tongue has been white with light pink spots until this week. When I saw her it was quite red and mu-



Formerly typhoids went constipated a week; we now keep bowels clean, and seldom have delirium as a result.—Wahrer, *Am. Ther.*

Free water drinking, to flush bowels, kidneys, blood and lymph channels, does much good to lessen intoxication.—Wahrer.

cous membrane of the throat was also red with papillæ prominent. No trouble with the sexual organs, nor ever had any. Mother of six children. Her kidneys secrete properly and urine normal in amount and contents. I found no disease in any of her other organs. No tuberculous taint in family history. Diagnosis: tuberculosis of bowels or sub-acute inflammation of the glands of the intestines.

L. M. W., Missouri.

There are no tubercle bacilli present in the feces, but that does not demonstrate the patient's freedom from tubercular disease. This is either a catarrhal enteritis (ileocolitis) or cancer; in our opinion that is. Of course we have to go upon the facts before us and past experiences: one case of cancer involving the duodenum presented almost exactly these symptoms. *Tabes mesenterica* would cause more pronounced symptoms than exist here. The tongue and fauces (red) are suspicious; the absence of mucus, blood or pus causes us to exclude ulceration. The absence of pain is peculiar; in any case one would expect more or less discomfort. The sudden cessation of menses (though it was time they ceased) points towards malignancy; the excess of salty saliva is due doubtless to the stomachic or intestinal disease. As, so far, there have been no tarry stools, no coffee-ground vomitus, no pain and no palpable tumor the diagnosis must be (after the pathologist's finding) chronic ileocolitis. And yet we would be suspicious. The acid is indicated. We would however suggest strychnine, hydrastin and bismuth beta-naphthol—one each of the former and three grains of the latter—every three hours; ten drops dilute hydrochloric acid after food followed in an hour by ten grains of the

triple sulphocarbolates and one dram of sol. bismuth and hydrastis (Merrill) in water every two hours for one day, then four times daily. Bovinine, panopepton or other liquid nutriment with clam juice, boiled milk and arrowroot gruel. Astringent enemata.—Ed.

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QUERY 4727:—"Obstinate Constipation." Please tell me how to cure "the worst case of chronic constipation on earth." Mrs. T., aged 30; mother of one child. I have been giving 18 to 36 anti-constipation granules daily and two teaspoonfuls of saline before each meal, with but little result. What next?

G. S. P., Oklahoma.

That case of chronic constipation wants strychnine and quassin two each before meals and at eight and nine p. m. one aloin, atropine and cascara compound. The next morning upon rising a heaping teaspoonful of saline in half a pint of *hot water*. If this does not give two easy stools give three of the aloin, atropine and cascara at night at hourly intervals. Be careful as to diet, insisting upon a baked apple, grape fruit or stewed prunes for breakfast with a plate of coarse porridge. You will cure that case. No saline "before each meal," Doctor, but a glass of hot water with a little lemon juice in it an hour between.—Ed.

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QUERY 4728:—"Fetor of Breath." Young man, age 27, occupation book-keeper; for some time he has noticed that the base of his tongue was coated and his breath very offensive, but otherwise his condition is good. His teeth have been examined and found to be in good condition; his appetite is good, bowels move regularly, temperature normal, no pain over the region of the stomach or after a meal. The coating of the tongue

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Epileptiform neuralgia and nocturnal epilepsy were cured by morning doses of castor oil.—Wahrer, *Amer. Therapist*.

Pneumonia, 4 days constipated, urine scanty; cleared bowels and kidneys; improvement marked though lungs unchanged.—Wahrer.

also has a fetid odor. The patient wishes to get rid of this fetid breath, as he is ashamed to come in contact with anyone.

M. R. A., New York.

This man has autotoxemia and requires a thorough cleansing of the *primæ viæ* and stimulation of the hepatic function. Give him calomel, gr. 1-6, podophyllin, gr. 1-6, and leptandrin, gr. 1-6 half hourly for four doses every third night; the next morning on rising a heaping teaspoonful of saline in a glass of hot water; before each meal quassin, one granule, hydrastin, one, and strychnine, gr. 1-67; and after eating chionanthin, three, following in one hour with a tablet of triple sulphocarbolates crushed and swallowed with a half glass of hot water. Let him wash out his mouth morning, noon and night with a good fluid antiseptic and keep his teeth clean. After two or three weeks you will have no further trouble with this case, but it will be well to keep his bowels thoroughly open for some time and once in a while give a brisk hepatic stimulant.—ED.

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QUERY 4729:—"Capillary Bronchitis?" Up here the children are sick with bad colds and most of them die. Lately, a child three years old, began coughing one night after a sleigh drive; he had very bad spells of coughing that lasted ten to fifteen minutes, then his throat got full of "mucosities;" he could not vomit, but swallowed these. I tried calcidin, strychnine arsenate. Calcidin did not do, but strychnine arsenate gave more strength to his heart—and the child died two days after. The children are all sick with this same disease. Please give advice and treatment.

J. T., Canada.

We wish we could give you some advice as to the sickness you speak of, but

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Whether wake or dreaming, this I know,
How dream-wise human glories come and go.
—Calderon.

the symptoms you give are too few to make a diagnosis. It looks something like capillary bronchitis. Calcium iodized in full dosage from the first, with emetine, strychnine, cactin and hot glycerinized pastes to the chest; inhalations of steam medicated with eucalyptol, or sanatas oil, would prove effective. We have found asclepidin one, emetine one and scillitin one in solution every hour or two relieve the collection of mucus but if the child is very young and the mucus threatens to suffocate we promptly give an emetic dose of apomorphine, at the same time lowering the child's head for a few minutes and tickling the fauces with a feather. If you will endeavor to describe the symptoms of this malady more thoroughly we shall take pleasure in making further suggestions and then we shall ask you to report some of the cases for the CLINIC.—ED.

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QUERY 4730:—"Pancreatic or Hepatic Disease?" Patient male, 6 feet tall, weighs 190 pounds, fair complexion, age 40 years, single, father died of dropsy, due to heart, mother living and in good health, no tubercle bacilli, lues, or other hereditary diseases.

First attack about six years ago. Patient ate several hard boiled eggs at that time and that same evening suffered excruciating pain in region of gall-bladder (the egg and pain may be merely a coincidence). Physician called and a hypo. of morphine administered. Pain ceased and he felt good for some time (I do not remember how long).

A short time afterward he had a recurrence; this time pain of about same severity. Promptly relieved by hypo. morphine but only temporarily. It continued for some time, perhaps two or three weeks, and only relief was secured by the hypodermic. At this time he was markedly jaundiced. Since that time he

Virtue is whatever mental action or quality gives to the spectator the pleasing sentiment of approbation.—Hume.

has been treated by several physicians for, some say gallstone, others chronic gastritis, still others a spasmodic contraction of duodenum. The attacks were not regular as to time, for in the last two years he has had only three attacks, until the last three months when they occur about once per month. Between the attacks marked pressure over the affected region elicits no pain. It generally commences with a marked distention of stomach, then the pain, and then follows distention of the whole abdomen, very sensitive just over region of pylorus, or gall-bladder. No jaundice following attacks. Some have advised operation, others advised against it.

Now it appears to me more like gallstone than anything else, as pain runs up right shoulder and under right clavicle. No stones ever found in stools, but must say that I have not examined them for the past two years—and again it looks like a fermentative dyspepsia, for he is much relieved as soon as the distention disappears. I am anxious that he get some relief and am positive that if such a thing is possible, your advice with the alkaloids will bring the relief.

M. V. H., Ohio.

The attacks of enteralgia might be due to gallstones, lesion of bowel, duodenal spasm, etc. Little can be gathered from the attack *per se*. The jaundiced condition points to catarrhal or other obstruction of gall-ducts. In cholelithiasis the pain usually radiates from hypochondriac region to the right shoulder, chill and fever often mark onset, tenderness and rigidity are marked over gall-bladder, jaundice may follow or be absent. The stone may be found in stool if it passes. You do not mention fever, rigidity, etc., neither has a stone been found. The jaundice is not much of a feature, but distention is. Lack of hematemesis shuts out ulcer; shortness of attack and recovery, volvulus or in-

tussusception. Gastralgia pain does not radiate to shoulder. Jaundice is usually absent in intestinal colic. You seem to have overlooked *pancreatitis*; with it you may have flatulent dyspepsia, epigastric pain (paroxymal) and slight jaundice; glycosuria and albuminuria may occur, with fatty stools or plain diarrhea.

The probabilities as to frequency of occurrence and the patient's age, point to gallstones; and there is nothing in the description not explicable on this hypothesis. We may therefore apply the oft-described treatment of this malady until we have reason to alter our conclusions.—ED.

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QUERY 4731:—"Interstitial Nephritis." I am strong and well in most respects. Age 53. Weight 220 pounds. Digestion good; bowels active; eat and sleep well, except that headache wakes me about 4 a. m. This has troubled me over two years. It began with neuritis of left posterior occipital nerve, inducing irritation of the superior sympathetic ganglion. There is some cardiac hypertrophy and hypertension. The headache is constant during the day; worse on lying down; pumping with each heart-beat in the ears. Feels as though the circle of Willis and all of its arterial connections were subject to pressure. My family is healthy and no history of nephritis. There is no specific affection. I do a large office practice, from nine to five daily in winter and begin much earlier in summer. I study hard, seldom retiring before midnight. There is no albumin or sugar in the urine. I have not been abstemious, nor intemperate; using no tobacco, coffee or alcohol at present. I think for two years I drank not more than three drinks a day, beer or whisky. Nutrition is below par, slightly. I apprehend interstitial nephritis or arteriosclerosis.

F. B., Missouri.

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We ought not to make our exercises consist in means contrary to nature, to win admiration. Jugglers do thus.—Epictetus.

Practise restraint if you are irritable; endure if you are abused; be not vexed if treated with dishonor.—Epictetus.

It is evident that there is serious trouble under way, but it can be checked and put in such a condition that it will subside—*provided*—and that provided is that you appreciate your condition sufficiently to alter your mode of living to a requisite degree. In the first place, Doctor, cut out alcohol absolutely, and let your intake of nitrogenous food be reduced to the lowest point compatible with health. Keep your bowels clear with a morning dose of saline, a sufficiency to act once after your breakfast. Take veratrine one granule after each meal and on going to bed, each dissolved in half a glass or more of water. Increase this dose if necessary, to bring your heartbeats to a normal point and sustain them there. We would be exceedingly sorry if veratrine does not agree with you, for it fills the indication more absolutely than any other remedy; but if you find that it causes a sense of burning in the stomach, we will have to substitute something else. Let us add to this iodoform, half a grain with each dose of veratrine, with the double object of lessening the irritability of the stomach and of stimulating absorption and carrying off some of the debris that encumbers some of your cerebral lymph spaces.

There must be at once a recreation from your work, for the same reason that you would apply a splint to a sprained ankle. This need not be very radical, but there should be a general letting up of your arduous work, and an interjection of periods of complete recreation. Begin with a week at the Hot Springs or in New Orleans; better still, at a quiet, pleasant place like Bay St. Louis, Mississippi, on the Gulf Coast, where you would find charming quarters at the Pickwick House. There is an old

saying that, "Our coat is near,—but our shirt is nearer." Success is dear, but life and health are dearer yet.—Ed.



QUERY 4732: — "Chronic Passive Renal Hyperemia." Woman, 37 years old, married the second time about six years ago, has children from the first, but not from the second husband; she believes that she had several early abortions. Always felt well until about four years ago, when her weight increased from about 120 to 140 pounds and over. Now is easily tired, some days more so than others, her hands and feet swell, pain in back which cannot be localized. Heart action somewhat irregular, but when I examined her she seemed to be of fair strength, although her husband tells me that she feels weaker now than ever and has often cold hands and feet (they live way off in the country and I saw her only once when I was rushed with all kinds of work). Feels especially bad during menstrual week, dysmenorrhea I take it. No vaginal examination was made. I had urine examined at your laboratory with result as enclosed. Will add that she indulges freely in meat diet. I would have given the woman cardiac tonic, seidlitz and calcalith, but cannot decide which way to turn next.

H. R. G., South Dakota.

This woman has probably chronic (passive) renal congestion. The report on urine and the symptoms point to this condition. Time of life, rapid increase of weight, etc., also tend to this conclusion. Elimination with cardiac support will do most for this case. The circulation requires equalizing and the digestive function should be strengthened by rest. Your primary treatment is good. Follow with mild hepatics and alteratives, eliminants and cardiac tonics.

Give this woman apocynin, two granules every two hours, increasing the dose



Who knows? The spring's soft showers
May be but tears shed by the sorrowing sky.
—Kuromushi.

When there is a row in the kitchen, to be rapt in abstraction is an impossibility.—**Budhist Proverb.**

to three and four granules if needed; which will act on the bowels, strengthen the heart and cause diuresis. Limit closely the quantity of liquids she consumes, making the diet rich in nutrition, easily digestible, and small in bulk. Fruit juices will keep her blood pure. Warm salt baths and rubs will be very useful. Failure of renal elimination should be met with small colonic flushes of saline solution. If she improves and the urine becomes normal, but the cellular tissues are still relaxed, follow with a sufficiency of berberine.—ED.



QUERY 4733:—"Granular Kidney?" Miss B. C., age 34; dressmaker. General history good. General health good. Last April she began passing water similar to specimen sent you, but it finally (after about three months) cleared up under the influence of nuclein, etc., taken the last four weeks of trouble. This ended about the first of July. Now for three weeks there has been a renewal of the trouble. I can find no urethral or vesical cause for it. Sometimes I have thought there was a tenderness at the right kidney, but she is so "touchy" I'm not sure.

C. A. F., Wisconsin.

There is unquestionably renal disease, but just what form cannot be decided positively from your description and the single analysis. We fear that this is a case of granular kidney. If you detect abnormal arterial tension, give enough veratrine to relieve it. Keep the bowels clear with a morning dose of saline, and carefully regulate the diet, avoiding everything that contains irritant volatile oils, such as cresses, spices, pepper, mustard, horseradish, etc. Fruit juices, buttermilk, farinacea and meat in exact proportion to its need as per exercise, are preferable. She must wear

wool next the skin, and take hot salt rubs daily. Have the urine examined at least monthly.—ED.



QUERY 4734:—"Diagnosis Wanted: A Peculiar Case." Miss H., brunette, age 30; a year ago last November she took a cold and had severe pains in left side of head and face. Was treated by her two brothers, who are physicians, all winter and spring, but seemingly this did her no good. When warm weather came the pain began to get less and by June, 1904, she was free from it, went to work and continued work until about Christmas, when the pains in left side of head began again and she has suffered ever since. I have seen her twice. Temperature normal, bowels regular, appetite good, but does not sleep well.

In epigastric region there is a lump. When stomach is bloated she says it is quite prominent, but each time I have seen her it is very hard to detect as the stomach was not bloated. The lump does not hurt her nor has it at any time. She noticed it first last September. She says she was eating a plum and swallowed the seed and from that time she has noticed it. Her father told me her bowels moved three or four times yesterday, the discharges being a deep yellow with a scum over them that looked like sulphur. Her passage this morning just before I saw her was natural and had very little odor. She says her menses come regularly but only a little at a time and she suffers no pain at the time. At times she complains of eructations. Her complexion is not clear but there is no jaundice. She says there was a little some time ago. The pains are like neuralgic pains—yet they may be reflex. One of the other doctors claims the lump in epigastrium is due to gallstones and advises an operation, but I can't see it that way. The patient has borne a very shady reputation, but I am unable to elicit anything from her as to her past diseases, in fact, she says she was never sick to amount to



Who pleasure seeks must oftentimes experience sad pain. He must a beggar be who doth desire to win domain.—Adeni.

In sooth, till dies the body, Life is never found; nor with the love of life the Loved One ever found.—Sheykhi.

anything. Now my colleague claims the lump is gallstones, but I am unable to see how or where they could become incased without interfering with the flow of bile—and if the duct was obstructed she would develop a jaundiced condition. And again she says she has never experienced any pain there to amount to anything.

G. W. L., Indiana.

The continuous pain limited to one side of the head and following a cold would indicate a local and continuous cause. Examine the ear—you may find cerumen inspissated by cold; or in the course of the affected nerves some material lesion. Failing this, apply an old and wise suggestion, to give iodides in case of doubt, especially in view of her questionable reputation; only use modern remedies, mercury biniodide, phytolaccin and iodoform (gr. 1-6) three granules each, arsenic iodide one, all four times a day till effect. Keep the bowels clear by a granule of podophylotoxin at bedtime and a sufficiency of saline in the morning. The lump that comes and goes is probably a hysteric or phantom tumor.—Ed.

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QUERY 4735:—"Petit Mal, or Neurosis?" Girl, age nine years. About four years ago parents noticed at times she would stop from what she was doing and stare, just momentarily, and then would be all right. Sometimes, of mornings, while putting on her shoes she would put them on and take them off several times and seemed as if she did not know what she was doing. Seems to be growing worse. In good health and hearty; tongue is coated most all the time, worse at these times. They fear epilepsy.

I. G. McC., West Virginia.

This may be a reflex irritation of the brain entirely due to worms or retained

ingesta. Clean out thoroughly with calomel, gr. 1-6, podophyllin, gr. 1-6, half-hourly and for four doses at night; the next morning give a heaping teaspoonful of saline, following in four hours with half the amount and, unless the bowels are too active, again in four hours; after each meal give a tablet of the sulphocarbolates crushed and swallowed with a half glass of water. Look for worms and treat promptly if they are found. If not give scutellarin, three, strychnine arsenate, gr. 1-134, between meals three times a day and nuclein three tablets morning, noon and night dissolved on the tongue. Be sure to examine carefully for adenoids, ocular defects, constriction of the anal sphincter and think of masturbation or adherent clitoris. Exclude all these if you can. The case certainly shows some symptoms suggestive of petit mal; therefore the child should be carefully watched for further developments.—Ed.

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QUERY 4736:—"Chorea or Ataxia?" I am up against the real thing and I want help from you and the CLINIC family. My patient is a lady twenty years of age. Married seven months; not pregnant. Weighs 150 pounds and of a very healthy appearance. She began to menstruate at the age of eleven and at the age of thirteen she became frightened, thinking that some drunken men had killed her father. She ran a distance of two miles for help and "swooned." After rallying she was very nervous and would often jerk in her arms and shoulders. She attended school, but subsequently, through medical advice, she had to be taken out of school and be treated by a physician who, from what she says, gave her Fowler's solution, which would keep off these jerkings as long as she kept up the treat-

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Hope on, though things unseen may baffle thy research; mysterious sports we hail beyond the Veil; despair not.—Hafiz.

To fall in love is much easier than to get out of it. Of love, those who are first cured are best cured.—La Rochefoucauld.

ment, but they would return as soon as her system became free from the arsenic.

Seven months ago she married and within a week from marriage she began to jerk in hips and lower limbs and, in fact, all over the body—clenching at anything she could get hold of with her fingers. These paroxysms would last for five minutes and subside leaving her weak and exhausted, but relieved (as she expresses it). She says before an attack she has a depressed feeling. At first these attacks occurred once a week, but now they occur almost every evening.

She has obstinate constipation and on the least exertion the heart palpitates and beats so hard that I can hear it at a distance of four feet. She is optimistic, well educated, fond of reading general literature and especially the better grade of novels. Wears glasses in order to keep head from aching. Does not sleep well. Menstruates regularly but suffers a great deal from griping. There does not seem to be any abnormality of the internal and external generative organs.

Now, I have given bromides, chloral, tr. veratrum, calomel, salts, acetanilid, digitalis, aconite and many other remedies with Fowler's solution, but to little, if any, advantage. I believe this to be chorea. Am I right?

W. H. D., Indian Territory.

Friedrich's ataxia presents many of the symptoms here observed. Is the knee jerk absent; wasting of muscles (anywhere), nystagmus, hollow foot? How about the pupil? Better look up all the reflexes. Auscultation and percussion will clear up the heart condition. Probably you have hypertrophy. There may have been a pericarditis. This often follows chorea. You *must* get those bowels empty and aseptic; dilate the sphincter ani and do it thoroughly. Give small repeated doses of podophyllin, gr. 1-6,

half-hourly for four doses—at night and repeat every third night. Lecithin one tablet and nervine (Vaugh) one between meals; immediately after eating, two capsules of taka-diatase, following in an hour with ten grains of the sulphocarbolates. We suggest massage of the spine and a salt rub daily. Galvanism would also be of service. Saturate her with macrotin, pushed to full effect. And don't forget "suggestion." The neurotic element is very prominent. Get her confidence and you will effect a cure.—ED.

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QUERY 4737: — "Cervico-Occipital Neuralgia?" Lady, age 35, the mother of three children, has been a sufferer from facial neuralgia for the past four years; until the last six months she has had only an occasional attack and not so severe as before. She has for the past three or four months suffered with soreness of the scalp, sometimes in spots, but most generally all over—never any soreness or tenderness below the hair. She describes it as "a drawing of the scalp backward." Says it seems to "draw back" so intensely that it causes her eyes to pain her. The soreness she describes as like that when the style of putting up her hair is changed or it is parted in a new place. Her hair is thin and not very long. Her general health is fairly good. Sometimes constipated, as the most of women are. I have given her very little treatment from the fact I do not know what the trouble is and when I can't diagnose a case I don't treat. I shall be very thankful if you will help me both as to treatment and diagnosis.

J. B., North Carolina.

This is a type easily recognized—the anemic, constipated, neurotic. Begin by regulating her bowels with the anticonstipation granules, taken by rule until her bowels have been restored to normal action. Break up the neurotic tendency

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Fasting is the herald of the joys of paradise; to renounce these joys is to condemn one's self to despair.—Nabi Efendi.

Unhappy is the land that has gone long unsown; like a well-shaped maiden who has long gone childless.—Zend-Avesta.

by zinc phosphide, gr. 1-6, strychnine arsenate, gr. 1-30, quinine and iron arsenates, aa. gr. 1-6, four times a day, before meals and at bedtime. After a week omit the phosphide, and substitute lecithin as a nerve food. Meanwhile you should make a careful study of the case, omitting no organ or function, going into all the particulars as to her life, her work and amusements, aspirations, etc., for many times there must be a radical change before these patient drudges are aroused to the effort necessary to restore enjoyable health. Butylchloral has a specific effect in relieving scalp pains and may be given when they are severe.—ED.



QUERY 4738: — "Gastric Cancer?" Male, aged 45, has stomach trouble which dates back some years (until this last six months better and worse at intervals), but since then has been getting worse until now after eating any solid food he suffers great distress until he vomits it up. He has been a user of alcoholic stimulants to a large degree, but since becoming so bad has had to quit it but still smokes a great deal. His diet has been chiefly milk and vegetables and sometimes he experiences quite a task to get the food into the stomach and quite often it is thrown up immediately. There is localized pain at pit of stomach, also on right side of chest. Liver slightly enlarged and tender, pain upon pressure; pulse and temperature normal. The vomit consists of the food taken in and sometimes quite a good deal of mucus; no blood at any time either from stomach or bowels. Bowels constipated. He has been failing in flesh quite rapidly the last three months; no swelling of ankles or limbs. I cannot find any tumor at the pylorus and I think the trouble must be at the cardiac orifice. Have not examined for the HCl. There is a history of cancer in the family back



I think on mother's side. I put him on a calomel clean-out and gave pepsin, sodium bicarb. and bismuth and ginger and it has relieved him so that the food does not distress him, so I also gave him for the bowels strychnine, belladonna, aloin and ipecac followed by a solution of epsom salts, tinct. cardamom and syr. ginger. I thought I would vary that treatment by giving in conjunction the sulphocarbolates and would try condurangin with perhaps chionanthin for the liver. What ails the man? Is it cancer?

M. H. V., California.

Have a careful analysis made after a test breakfast. There may be an annular stricture at the cardiac orifice together with catarrhal gastritis, and there may be a cancerous affection of the stomach, though the entire absence of blood for so long a period is peculiar. You may have a simple chronic catarrhal gastritis to deal with. It certainly is not ulcer. Our suggestions for treatment under the circumstances would be as follows: Stop all food *per os* with the exception of clam broth and fresh beef juice, to which a little boric acid has been added, or use bovine in place of this. The main nutriment should be given per rectum, and this should be continued for a space of two weeks. Pass the stomach tube, throw in a pint of water at body temperature to which you have added some peroxide of hydrogen. You will find the stomach distended by the gas which will be formed, especially if you close the end of the tube with your fingers. In this way you will get an idea of the outline of the stomach. Have the patient lie on the right side, left side, abdomen and back, for two or three minutes in each position. Siphon off the fluid, wash out with warm boric acid solution and then throw

Old age is a tyrant; it forbids the pleasures of youth on pain of death. Few people are qualified to be old.—La Rochefoucauld.

In pneumonia envelope the chest in anti-phlogistine, thick and hot, and cover with absorbent cotton.

into the stomach, water six ounces, solution of bismuth and hydrastis (Merrell) two ounces. Withdraw the tube and allow this fluid to remain *in situ*. No beef juice or clam juice within an hour of this solution. The bowels of course will be cleaned with saline solution and from four to six ounces of fluid nutriment thrown well up into the intestine every three or four hours. If the patient gets along well under the rectal nutriment cut off all nutriments per os, giving only the medicines suggested. This will be the treatment unless the examination of the products from the Boas test breakfast show signs of cancerous tendency. The length of the malady's course might negative cancer, but the latter might be engrafted on a preëxistent catarrh or ulcer. Your suggestions of antiseptics with chionanthin and condurangin are good even if there is no cancer. As there is an alcoholic history add arsenic in small doses—copper arsenite, gr. 1-250, every two hours.—ED.

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QUERY 4739:—"A Rebellious Mole." I have been using the dermal caustic with good success except two cases. One is my wife. I used it on three moles; two came off nicely, but one has been sore and "running" ever since, which is five weeks. After waiting a few minutes I wiped the caustic off and smeared it thoroughly with vaseline. I can not heal it with ordinary treatment; thought I would try calcium sulphide. Where is the trouble, and what is needed?

F. O. S., Kansas.

It is a little difficult for us to tell just what condition exists in this case. In the first place, Doctor, we do not like the idea of applying the caustic, "rubbing it off and smearing with vaseline."

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Labors of the body free us from the pains of the mind. This constitutes the happiness of the poor.—La Rochefoucauld.

The idea of the caustic is to desiccate the tissue and the hard crust which forms should be allowed to remain until new tissue is formed underneath and nature herself pushes off the crust. There is some slight possibility that you have an epitheliomatous condition. Cleanse the sore with peroxide, dry thoroughly and apply an ointment of ichthyol one dram, resorcin one dram, lanolin one ounce. If this does not heal the sore in a week or ten days apply iodoform and then bovine, and you will soon see the last of it unless there be a malignant tendency. Two triple arsenates and three sulphur compound granules after meals will be beneficial.

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QUERY 4740:—"Vesiculitis." A case in which there was once varicocele, now slight tenderness near rectum when sound is introduced. Frequent pain in left hip passing down left limb, more like rheumatic pain than anything. Frequent emissions. Which would you give, the strychnine and phosphorus granule or nuclein and triple arsenates? Would you advise continued use of the sounds?

G. R. M., Iowa.

Examine the rectum and through it the prostate. Apply euarol (euophen and aristol in oily solution) to the prostatic urethra twice a week. This discounts the sound. Give cornin, gr. 1-6, five granules four times a day as a special tonic to the affected tissues; and keep the bowels clear and aseptic.—ED.

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QUERY 4741:—"Carcinoma of Penis?" I forward a specimen that I removed from a gentleman and wish to have identified. The clinical history is as follows: About three weeks ago the party suffered a kick from a horse on the penis. It swelled up to some extent but

Few are well acquainted with death. It is endured through stupor, not resolution. Most die because they cannot help it.—La Ro.

subsided after some local applications were made for a few days. A week or two after the apparent injury had subsided, the party noticed a swelling appearing on the under side of the penis that at first gave no pain or inconvenience. Shortly after he noticed a depression on the upper side of the penis which gave him the idea that a band of fibers was contracting that caused the depression and also he noticed that the urinary stream was diminishing in caliber.

On inspection the penis had the appearance of a paraphimosis, and a test with the bulbous bougies showed that the caliber of the urethra was fully as large at the site of the apparent contraction as it was at the meatus. For purposes of observation, I cut the band of apparent fibers down to a depth nearly between the corpora such as would be done in a case of paraphimosis. This had no result and I removed the growth which I forward.

There was no involvement of the neighboring glands and at no time since the beginning of the trouble has there been any pain. I have from the nature of this history some little doubt of the outcome and whether I have done a wise act. The patient at present writing is enjoying life in a normal manner, it being three days since the growth was removed, no infection and every evidence of union taking place.

H. H. C., South Dakota.

This proves to be fibroma with probable carcinomatous tendency. It is just possible that things may go along in a normal condition, but we very much fear a recurrence. There is no question in our mind but that a growth was present prior to the kick from a horse, although it was not noticed. You had better keep a very close eye upon this case and the slightest appearance of recurring growth should mean amputation.—Ed.



Whether thou hast patience with thy beard or weed it from thy face, this happy season of Youth must end.—Sa'di.

QUERY 4742:—"Contraction of Testicles." Married man 22 years of age. Family history good. Masturbated when young. The present trouble is a constant movement of testicles, more especially one. The sexual organs are smaller than normal. Healthy every other way excepting this trouble worrying his mind continually. Has been married about three years with no children. This leads him to believe there is something vitally wrong with him.

A. J. P., Texas.

This movement of the testicles absolutely amounts to nothing. It is a contraction of the suspensory ligament. Examine the semen to see if there are spermatozoa present and if they are whether they are motile. Thus you can absolutely reassure the man. It would be well to give scutellarin and cypripedin, three of each every four hours to restore nerve equilibrium, and strychnine and phosphorus compound one with each meal for tonic effect. Have the parts bathed with cold water twice daily and use suggestion for all it is worth.—Ed.



Query 4743:—"Dyspnea of Paralytic." I have a patient of 56 years, weight 180 pounds. Heart is pretty good, bowels regular. He has been stricken with paralysis, left side. At this date he gets around very well; has good use of his legs now, also left hand. Does not pass any gases from stomach and passes water very well. Now comes the trouble—his difficult breathing. He has been to a doctor who told him it was his heart; he put him on digitalis. His breathing seemed to improve, but it lost its power and still he has the trouble in breathing. Now, Doctor, there is some trouble in the cardiac plexus of nerves which may be pressed upon, or it may be "autoinfection." That is my diagnosis and I still

Hatred does not cease by hatred at any time; hatred ceases by love. This is an old rule.—Dhammapada.

hold out for it. Or it may be rheumatism. I propose to put him on calcalith and boldine. Is there anything superior to what I propose?

W. A. S., Pennsylvania.

The indications are to relieve the nerves of pressure by stimulation of the absorbents (mercury biniodide, phytolaccin, iodoform, arsenic iodide): to strengthen the laboring heart (sparteine at his age); and to relieve the heart by keeping off autotoxemia which undoubtedly adds to the distress and danger (a cholagogue at bedtime and morning saline); and finally to stimulate the sluggish nerves by a sufficiency of strychnine or avenine, or both. Hot salt rubs and massage will be useful. Diet carefully—at that age one must be well nourished but excess of fluids would embarrass the heart.—Ed.



QUERY 4744:—"Sciatica." A. K. Age 40 years, father of three children, good family history. Had ordinary case of typhoid fever in last August. Treated with the triple sulphocarbolates, recovery good. Appetite returned, patient was up and around the house; caught cold by going out of doors; sent for me. Complained of neuralgic pain in sacrum and coccyx, radiating into the right hip. First treated by giving quinine, 4 grains every two hours until I obtained physiological effect; retained effect for one week, keeping bowels open with saline. The pain was gone, but no strength in back. Stopped quinine; back came the pain. Used mustard plaster as counter-irritant and obtained some relief. Acetanilid compound, 10 grains, will give temporary relief, but as soon as effect of drug is gone, pain returns.

W. S. R., Ohio.

It may be rheumatism—but take a look with your index finger in his rectum. Flush the colon with eucalyptus water

daily. Regulate the diet and give a granule of salicylic acid, gr. 1-6, every quarter to one hour so as to absolutely prevent gastric fermentation. Keep the bowels flushed with saline. Rub guaiacol in over the tender spots. Cicutine hydrobromate may be employed in sufficient doses to relieve the pain.—Ed.



QUERY 4745:—"Psoriasis or Eczema." Male age 35, weight 135 pounds, apparently healthy; urine almost normal; patch on left side of jaw about center of left cheek. Looks cracked, not raw, white scales come out on ends of an inch beard as it grows; itches greatly; about three inches of surface involved; never gets raw. I have tried remedy after remedy for eczema, and all sorts of things. After treating looks better, but still shows little cracks and whitish scales. I am very anxious to effect a cure in this man. If you can help me please do so.

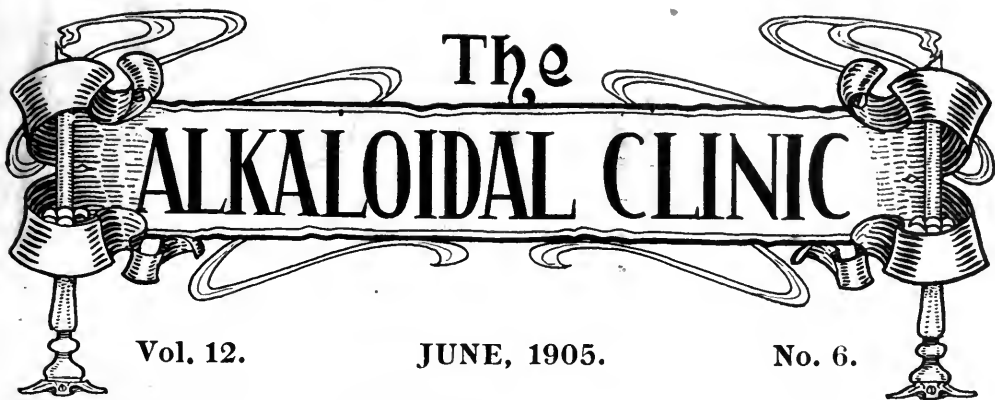
H. P. H., Texas.

It is questionable whether this is psoriasis or an eczema. Sometimes the two diseases are so nearly alike that it is impossible to distinguish. The fine scales however point to eczema squamosum. Try this treatment: Soften all scales with olive oil, ten parts, oil sanitas, two to three parts. Wash after three days with a warm boric acid solution, dry and apply twice or more daily for two days (an hour at a time) a piece of lint soaked in a 10 per cent solution of alphazone (Stearns). Then apply morning, noon and night this ointment: Ichthyol dr 1: resorcin dr. 1; lanolin and vaseline of each one ounce. Iridin acts in a peculiarly-effective manner in cases of this kind. In fact, it is, with arsenic sulphide and alnuin, almost a positive remedy for eczema.—Ed.



There is a good opening for a lady doctor at Fox Lake, Wis., the late incumbent having gone west for her health.

He who lives without looking for pleasures, his senses controlled, moderate in his food, Mara will not overthrow.—Dhammapada.



SCARLATINA.

BY WILLIAM F. WAUGH, M. D.

SYDENHAM contemptuously termed this "the name of a disease." We are far from looking upon it in such a light, for scarlet fever shares with diphtheria the dread of parent and physician as among the most dangerous and treacherous of diseases. Since vaccination has put an end to the huge mortality of smallpox, there are many more subjects left for scarlatina, and the deaths from it have greatly increased. It is one of the most contagious of diseases. Children are affected mostly, but all ages are liable; one of our admirals having been seized with it some years ago, scattering the officers' families in terror from the naval rendezvous at Port Royal. Cases occur at all seasons, in both sexes alike, but some persons appear to be immune.

The contagion is carried on clothing. A lady visited her niece, ill with scarlatina; the sick child climbed into her lap; on returning to her home her own child did the same thing, and contracted a fatal attack.

A child recovered from this malady, and the family being anxious to avoid it in their other children, who had been sent out of the house, employed an ex-

pert to supervise the disinfection and fumigation, which were done regardless of cost. The children came home, and promptly went down with the disease. Reviewing the means employed to ascertain where the failure had come in, the expert noticed that the mother had very heavy hair. Inquiry showed that she had not disinfected it; and as she had nursed the first sick child, the source of contagion was evident.

The contagion lasts long. A man died in a mountain hamlet in Pennsylvania. His clothes were placed in a trunk in the garret. Twenty-five years afterwards his daughter got them down and cut from them a suit for her son, who took down with scarlatina. At the time there was no case in the neighborhood, nor had there been any communication with any place where it prevailed.

The contagion probably is present from the first, even during the incubation. It exists in the first desquamation, but if successive coats are thrown off, only the first carries it. It is also carried in milk. It is generally self-protective, but second attacks have been reported. Surgical and puerperal scarlatinas are probably septicemias.

Class has claimed the discovery of a specific diplococcus, but as yet this has not won general credence.

The incubation varies from a day to a week. The invasion is abrupt, with irritation of the stomach or convulsions; fever rising quickly to 105° F. or to a much higher point in a few hours. The skin is dry and radiates a pungent heat, the tongue is coated, the mouth dry; cough is usual, the face flushed, and the child incessantly calls for water.

The eruption comes out on the next day, as a general flush with deep red pin-points, on the neck and chest, spreading over the whole body within a few hours.

The soft palate, tonsils and pharynx are early in the disease red and punctate. In some cases the tissues are swollen, and in others the angina stimulates diphtheria. In these about the seventh or eighth day the breath becomes offensive, and the tonsils are found to be covered with a pultaceous deposit, resembling the false membrane of diphtheria. Like the latter, the local disease may spread forward into the mouth, up into the nose, out into the antrum, the malar bones, the nasal ducts to the eyes, the eustachian tubes to the ears, rarely into the larynx and very rarely into the esophagus and stomach. The parotids and cervical lymphatic glands are affected, and apt to suppurate. The whole of this vast region may be affected as in diphtheria, the tissues necrosing and all pouring out quantities of corrosive matters whose stench is so great that strong men faint when brought into the sickroom. The ear drums may be perforated and hearing destroyed, the malar bones necrose and be cast off whole, the corners of the mouth ulcerate, or epistaxis may set in and carry off the patient. In one case,

an infant a year old, the writer found fluctuation in the region of a parotid. This was in 1876. Diligent search of the text-books of the day elicited the advice to let the collection alone; and the whole skin from the right ear to near the left one, and from the ramus of the jaw to the clavicle, sloughed off, with the connective tissue. The little muscles of the neck could be lifted up on a probe as easily as if dissected out—as in truth they were. The carotid was seen pulsating, its sheath gone. The family lived in the garret of a tenement; and just then the mother presented the whisky-saturated father with another babe. One-tenth the disease would have killed a millionaire's child, but naturally, under the circumstances this one recovered; and it was one of the great surprises of the physician to see the rapidity with which the tissues were regenerated and the huge gap filled in. But never again did he allow such an abscess to go an hour without opening.

The fever is very high; in but one other malady can it go so high and recovery ensue. It is not unusual to see it reach 104° F. the first day, and the writer has reported 112° F. in one case. The pulse is also high, reaching 140 in many cases that recover. The respirations are also rapid. The fever rises when the rash comes out. The nervous symptoms are few and limited to headache and delirium from fever, unless the toxemia of the angina causes hebetude. The digestive system is usually in fairly good shape. The urine is red and scanty, showing albumin early, with hyaline casts.

Leucocytosis is present. Sometimes when one child in a family has scarlatina others in the household may be slightly



If thou covet thy heritage, acquire thy father's knowledge; for his wealth thou mayest squander in ten days.—Sa'di.

When one leaves this world without a single regret, one passes straight to paradise.—Murasaki Shikib.

ill for a few days, with sore throat and slight fever, possibly no perceptible rash, and yet be thenceforth immune against this malady.

On the other hand in some cases the poison is so intense that the patient's vitality is overwhelmed by the attack, and death supervenes in a few hours. One of the writer's patients was seized with a convulsion at 11 a. m., and died at 3 p. m. the same day, having never regained consciousness.

Sometimes the blood is disorganized by the toxins, and petechiæ appear and enlarge, hemorrhages occur from the mucous membranes, and death comes on the second or third day.

Diphtheria is not nearly so contagious as scarlatina; the throat affection may be very like, or even identical when this malady has been superadded to the scarlatina. The characteristic eruption is wanting in true diphtheria if primary, and the bacteriologist finds Loeffler's bacillus. The writer believes the angina is not always diphtheria, because he has obtained benefit from salicylic solutions in scarlatina much superior to those obtainable from this agent in diphtheria. Sometimes the diagnosis is exceedingly difficult when the diphtheritic rash closely stimulates that of scarlatina. The course and spread of the malady may be necessary for the complete differentiation. Fortunately, there is little difference in the treatment. Drug rashes are partial, transient, non-typical, afebrile, and follow belladonna, quinine, iodides, etc.

Treatment:—There is no disease of equal severity and danger in which the efforts of an alert, competent physician are more richly regarded. Isolate the child at once, in a well ventilated room,

and send all other unprotected persons out of the house. The arrangement of the sickroom should be such as to insure complete isolation. Ventilation cannot be too free for the patient's benefit, though it adds to the danger of neighbors.

Absolutely the first duty of the physician is to see to putting the hygiene of the house and vicinity in perfect order. The writer had the opportunity once to study over 2,000 cases of infectious disease in one year—typhoid, scarlatina and diphtheria—and he was impressed with the certainty with which malignancy followed bad hygienic conditions; and not any occult "sewer gas," but visible, palpable and "smellable" collections of dirt in house, cellar, alley, backyard, gutter, or cesspool. And the removal of these exerted much more influence on the course of the disease than any other treatment.

Clean up, disinfect, and keep clean.

But while about it, it seems unwise to clean up the environment and leave in the patient's alimentary canal several pounds of the most dangerous of infective materials. Give calomel gr. 1-6 every half hour for six doses, follow with a saline laxative, and administer enough sodium sulphocarbolate to keep the bowels free from offense. This may require one to five grains every two hours; but give enough.

Treat the fever with the triad—aconitine, digitalin and strychnine arsenate, in doses proportioned to the need, substituting veratrine for the strychnine when the elimination weakens or the sthenic form of the fever demands it.

Reinforce the leucocytes by full doses of nuclein—it can do no harm, and if

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In grief be patient, night and day
Till thy fortune, Hafiz, thy wish obey.

—Hafiz,

Whoever devotes his heart to a soul-deluder
Puts his beard into the hands of another.

—Sa'di,

the claims made for it are one-half true, you cannot afford to lose its benefits.

Wash out the mouth very often with a saturated solution of salicylic acid, paying special attention to the throat. If this is done early there will be some cases of dangerous angina prevented.

Much discomfort and some danger may be prevented by applying petrolatum to the skin every day; or benzoinated lard. This also aids in inducing the family to permit free ventilation, for the child will not "take cold" when covered with a coat of grease. The diffusion of the scales is also thereby prevented. Tepid or warm baths should be given occasionally. The patient need not be confined to bed if there is little fever, but must be kept under surveillance as long as albuminuria continues.

The best diet consists of milk and fruit juices, with a little coffee, and vegetable soups. Jaccoud believes the milk diet aids in preventing nephritis. The body should be well flushed by abundance of water. Lemonade is useful and agreeable. Buttermilk is sometimes relished more than ordinary milk and is more diuretic. Ice-cream is useful for the sore throat.

Hyperpyrexia may demand cooled baths, beginning with water at about 95° F. and cooling down to 75° F., or till the fever has fallen. Ice to the head may be indicated by very high temperatures. Ice to the throat is always useful. Ice-water enemas may be employed to quickly reduce high fever.

The cold pack may be used in cases where the system is overwhelmed by the attack, with full doses of glonoin, atropine and strychnine, adding capsicin if necessary. These remedies arouse the failing vitality and may save an otherwise hopeless case.

If the throat is well managed, with salicylic solutions there is less danger of serious angina; but this whole region should be carefully examined several times a day. Too often the first intimation the physician has of trouble in this part is the bad breath, which indicates that the disease has already made dangerous progress. When the slightest coryza has appeared the nasal tract should be washed out with a 1 per cent solution of silver nitrate, repeated as often as the discharge reappears. If the local condition becomes worse with ulceration or false membrane, hydrogen peroxide should be applied, as strong as can be borne, once every quarter hour while the patient is awake and every half hour while asleep. There is really no valid objection to waking the child for these applications, as he immediately drops off to sleep again, and the malady progresses during sleep as well as when awake. And how fast this dreadful infection spreads through the succulent tissues of the nasopharyngeal mucosa, is one of the things most vividly impressed upon the remembrance of the observer.

Only those who appreciate these truths will comprehend the exceeding value of local treatment; those who apply their remedies "every two hours" will have little faith in them. Erosion of the mucous membrane from peroxide may occur—it has been recorded; but it must be exceedingly rare, since the writer has thus used many quarts of the solution without seeing it once. Even so, the harm done is infinitesimal beside the good. Nascent chlorine also has a powerful influence for good in this malady. Place a dram of powdered potassium chlorate in a four-ounce bottle; add a



Cut rates on patent nostrums worry our brethren of the phar-ma-cal persuasion far more than the doctor's objections to their methods.

Sheep and cattle suffer especially from roundworms in wet seasons. Wireworm is killed by 1 per cent coal-tar creosote.

dram of strong hydrochloric acid; as the bottle fills with chlorine fumes fill up with water. Cork well and keep in a cool, dark place. Dose to any child two years old or upward a dram, undiluted, every two hours. If it erodes, apply to the diseased surfaces on a cotton swab. This for the throat. This is old-fashioned—but it cures.

For epistaxis, syringe the nostril with chromic acid solution. Begin with one grain to the ounce and increase the strength till it controls the hemorrhage. Use it every two hours. The writer's experience in the epistaxis of scarlatina and diphtheria may be concisely stated: Until he began the use of chromic acid every case died; since then every case has recovered. Begin at the first sign of bloody discharge.

If the affection spreads to the ears, incise the drum and flush with peroxide frequently, as recommended above.

For acute nephritis, keep the kidneys flushed with plenty of water, by the stomach or saline enemas; relax the vascular tension by glonoin or veratrine; soothe the irritated tissue by benzoic acid, gr. 1-6 every two hours; and keep the bowels easy by glycerin enemas. Pil-

ocarpine may give prompt relief, but it may sometimes cause pulmonary edema—and the tendency to dropsies is great. Calcium carbonate, chemically pure, is the most efficient of the diuretics, and may be given in full doses with advantage. Quite often the stimulant effect of strychnine is required. In fact, this is to be given whenever there is any indication of heart weakness. Many physicians have reported favorably on the use of nuclein in scarlatina, and it may be given throughout in doses of five to fifteen drops a day, in divided doses, dropped on the tongue.

Can scarlatina be prevented? The writer is one who believes it can; by washing the nasal, buccal and pharyngeal mucous membranes several times a day with mild antiseptic solutions; saturating with calcium sulphide; keeping slightly under the influence of atropine; all these until the danger is past and the premises disinfected. There may be a specific influence in chlorine—the writer has recommended the simple expedient of gargling with salt water, to hundreds of persons, and found it successful too uniformly to be altogether accidental.

Chicago, Illinois.



UNCINARIASIS OR HOOKWORM DISEASE.

BY WATSON S. RANKIN, M. D.

Professor of Pathology, Wake Forest College.

PART II.

WE are now in a position to study the second head, under etiology, viz., the mode of entrance of the hookworm into the host. *Portals of Infection*.—Three possible portals lie open to the young worms: (1) through

the food, (2) through the drinking water, (3) through the skin in the lesion of ground-itch.

We will now proceed to advance proof showing each one of these to be *possible* portals of infection.



The cynic finds no audience in the public highway; only the speedy optimist draws the crowd.—*N. O. M. & S. Journal*.

Portland, Oregon, reports for January 129 white children born and one yellow one. Queerly anemic place; Chicago babes are red.

Dirt-eating is the simplest means of introducing the parasite and one can readily understand its possible infectiousness. By dirt-eating we mean either the accidental or wilful swallowing of dirt. Accidentally, this occurs when one eats with soiled hands, or eats celery, onions, lettuce or any uncooked vegetable. The wilful swallowing of clay, sand, etc., would of course afford a means of introducing the parasite. But this frequently is an effect and not a cause of the disease. Every clinician is familiar with the "longings" for almost unheard of articles of diet, such as clay, sand, mortar, etc., which occur in pregnancy and anemic states.

Drinking water:—Of course the eggs and the young embryos cannot live in water any length of time, and soon die. But during the second stage in its development it can find its way through sand filters and lives well in water for some time. Of course, in this way, water becomes a possible source of infection.

Ground-Itch:—In the *Jour. of Tropical Medicine* for December 1900, Elliot points out, from an enormous experience, the relation of ground-itch to climatic and geological conditions. These conditions are seen at a glance to be those necessary for the development of uncinaria. They are: (1) a soil infected with human feces, (2) bare skin, (3) the correct temperature for development, furnished by June, July and August weather and (4) heavy rains, which add the required amount of moisture. Then Bently's attention was drawn to the possibility of relationship between hookworm larvæ and ground-itch by his finding a rhatditiform embryo in the lesions of ground-itch. He furthermore proved this

relation by applying a stool poultice, containing young worms, to the skin, in this way producing an erythema which was associated with the disappearance of the larvæ from the poultice. Part of this stool with dead larvæ (killed by heat) did not produce this lesion.

Next, Loose seems to have been the first to conceive of a relationship between this skin lesion and the intestinal infection. He appealed to an experiment which answered the question in the affirmative. He produced the disease in both man and dogs by applying poultices of infected feces to the skin. These dogs and the man were examined previous to the experiment and found free from the worms.

Thus we have positive evidence that ground-itch may be due to uncinaria larvæ, and that its lesion may be the portal by which the parasite reaches the intestine. A question of great importance just here is this: Of the three possible routes of infection which is the one usually taken by the infecting parasite?

To answer this question I will simply quote our conclusions based on the study of 147 cases. "We conclude concerning the etiology of hookworm disease, that ground-itch is by far the most important portal of infection, and that dirt-eating and contaminated water supply, while capable of infecting, are not nearly so important as ground-itch as a source of infection."

While space will not allow me to go into the evidence for this conclusion, I will give the main facts in its favor, and refer the reader to an article in the *Medical News*, November 19, 1904, for fuller details.

1. Ninety-nine and one-half per cent of



Take your pocket cuspidores to Portland—there is an ordinance against spitting in public in force there.

Please, Mr. *Medical Sentinel*, say either Sanatorium or Sanitarium; not Sanitorium. The first is technically preferable.

all cases (147) gave a history of previous ground-itch.

2. Ground-itch precedes the onset of the symptoms of intestinal infection.

3. The severest cases give a history of the severest cases of ground-itch.

4. A glance at the age table shows at once that the disease is associated very definitely with the age when the child goes barefooted. It is so rare under three years because children are not very active in running about infected homes before this time. At this age the disease increases until the fifteenth year, when it again declines.

5. Wherever ground-itch is common, there uncinariasis is also common.

6. When patients cease to be troubled with ground-itch, improvement begins.

7. Usually a number in one family are infected. But occasionally you find only one of the family infected; in this case the history frequently shows this individual to be the only one who has ever suffered with ground-itch.

8. We have further met with the interesting condition, which for want of a better name we call "*acute uncinariasis*." This condition gives history of a *very severe attack* of ground-itch, and this is followed in from three to six weeks by profound anemia, bloating and other symptoms, the whole resembling chronic parenchymatous nephritis. Microscopic examination of the stools shows a very severe infection with uncinaria. For these reasons we believe the portals by which these worms usually gain the system is through the skin.

To those who favor the contaminated food or drinking water as the most important portal, we would ask: First, why

does it occur so rarely under three years of age? For who gets more dirt than the baby, and why should it harbor other intestinal parasites more frequently than any one else, yet fail to show hook-worms? And if drinking water is such an important factor, why should it be more frequent in children, who drink less water than adults?

Pathology:—This phase of the subject may be considered under two heads, local and general:

Local changes occur in the gastro-intestinal canal, and are due to the toxins and to the mechanical effects of the worms. These worms are most numerous in the jejunum but they occur also in the duodenum and ileum. Some lie free in the intestinal contents, which also contains much mucus, decomposed blood and Charcot-Leyden crystals. Others are attached to the mucosa. These may have half their bodies buried in the mucosa, and some investigators claim to have found the entire worm in the sub-mucosa. About the point of attachment there is a slight inflammatory swelling which is often ecchymotic. Microscopically there is an inflammatory proliferation of fibroblast and a dense eosinophilic infiltration.

General: The liver is slightly enlarged, and shows, microscopically, an increase of pigment, due to decomposed blood, and also necrotic foci, which are supposed to result from a toxin set free by the worms, which toxin has a cytolytic action on the liver cells.

The spleen is usually enlarged and microscopically shows many eosinophiles. The blood in mild cases and in the early stages of severe cases shows a chlorotic



Critic and Guide says that the German apothecary is charged with substitution. *Sic transit gloria mundi!*

German physicians specify their specialties on their signs. They designate our rule against this as "ethics gone crazy."

condition of the red blood cells. Later, and in severe cases, the erythrocytes diminish in number, sometimes sinking to 1,000,000, and the hemoglobin index rises, so that in a late stage the disease may resemble pernicious anemia. The red blood corpuscles are destroyed by (a) being ingested by the worms, (b) escaping from the small wounds into the intestine, and (c) by a hemolytic toxin set free by the parasites.

White blood cells:—A leucocytosis is the exception, but may occur. An eosinophilia of from 5 to 50 per cent exists in nearly all cases.

Nervous system:—All practitioners are familiar with worms as a cause of many reflex disturbances, such as restlessness, grinding of the teeth, insomnia and occasionally convulsions. In 2 of 118 cases, there were epileptic convulsions. But by far the greatest harm resulting from this infection is the general lowered vitality, making the patient a prey to the various pathogenic germs and decreasing the chances of recovery when infected with these germs. Labor capacity is diminished in many districts from 10 to 40 per cent. Physical and mental dwarfism finds one of its most potent etiologic factors in uncinariasis.

Symptoms:—These may be considered under three heads: (1) historical, (2) objective symptoms, and (3) subjective symptoms.

Historical:—The patient usually states that he comes from the country or has lived there within the last six years. The country in which he lives is usually a warm, sandy section. The disease has usually lasted from one to two or even three years, before the patient applies for treatment. The condition is usually

worse in the summer and improves in winter. A history of ground-itch is nearly always presented. On inquiry into the health of other members of the family it is found that some of them are similarly affected and may be even worse than the complaining patient.

Objective symptoms and subjective symptoms are variable, this variability depending upon two factors, first, the number of worms infecting, second, the duration of attack.

Objective:—The patient is usually under 25 years of age and very often under 18 years and in a large percentage of cases poorly developed for the age. The face shows pallor of variable degree, dependent upon the above factors. The conjunctival vessels are often indistinct, while a peculiar symptom, and one upon which Dr. Stiles lays much stress, is the dull, blank, fishlike stare which the patient's eye assume. The lips are often pale or bloodless. The whole face may be bloated, and always, in mild cases even, shows a certain muddy pallor. Upon examining the neck, cervical pulsations will often be observed, the distinctness of which is proportionate to the anemia. With a stethoscope over jugulars the physician may hear a venous hum and a hemic murmur over the carotids.

Thorax and extremities frequently show emaciation, with prominence of the ribs and the bony processes. Auscultation over the heart usually elicits hemic murmurs. These murmurs are often so distinct that the disease may be diagnosed as cardiac disease.

The abdomen presents frequently the distended condition known as "pot-belly." This is due (1) to the accumulation of



When Caucasian is mixed with African blood there is very little tolerance to disease manifested, especially by children.—Batten.

Besides the papers on cholera infantum, summer complaint is treated in sixteen papers in Vol. I American Alkalometry.

gas in the intestine from the poorly-digested food, and (2) to the accumulation of a serous effusion in the peritoneal cavity, a concomitant of the anemic blood.

Palpation frequently reveals an enlarged spleen. In some cases this symptom is so marked, that its association

with anemia leads to a diagnosis of malaria.

The genitals are often imperfectly developed; the pubic hair is frequently delayed or scanty.

(To be continued.)

Wake Forest, North Carolina.



NON-SURGICAL TREATMENT OF THE DISEASES OF WOMEN.

BY CURRAN POPE, M. D.

President Louisville Neurological Society; Consulting Neurologist to the Louisville City Hospital; former Professor of Diseases of the Mind and Nervous System, and Electrotherapeutics, Louisville Medical College.

AMENORRHEA.

UNDER this term I will group and consider two conditions, viz., scanty and true amenorrhea, and suppressed menstruation. This condition is often associated with others that we shall consider later along, especially dysmenorrhea and displacements. Amenorrhea may be physiological in that it does not make its appearance before the age of puberty, during pregnancy and after the menopause. When it appears under other circumstances and conditions we may consider it as a pathological condition.

Amenorrhea may be defined as an irregularly-appearing, deficient or suppressed menstrual flow. This condition is by long odds most frequent in young girls just entering the stage of puberty or during their early womanhood. It may be stated as almost axiomatic that wherever we have this function affected, as above described, general disturbed conditions are always associated with it which demand the attention of the physician.

In girls who are frail and weak, and

who have impaired general health, and in whom the menstruations appear scanty, we may expect the varying disturbances associated with a partial or a total disappearance of the flow; but in these cases we should be most particular and exhaustive in our examination of the general condition, for at this age tubercular trouble most frequently makes its appearance. Where tubercular conditions exist the failure of the menstrual flow is a valuable asset to the patient, for Nature in her conservative and preservative ways is husbanding all the strength, vitality and blood the individual possesses to fight the disease.

The most frequently associated condition is probably anemia or chlorosis. In these cases we find that the appearance of the girl or woman indicates or suggests the condition that is present, for the skin is likely to be of a pale sallow or grayish-green, with a tendency toward scaliness, dryness and harshness. With this condition girls are particularly prone to develop a dry, harsh skin of the body and a



Tonsillitis receives in American Alkalometry ten papers in Vol. I, and 1 in the 2d, 3d and 4th; select the first.

Probably the best articles on children's summer diseases are in American Alkalometry Vols. I and IV; the latter specially.

greasy and pimply condition of the face, the acne being of the small pustular variety with rather hard bases. Examination of the blood reveals the conditions typical of an anemia or chlorosis, and especially a marked diminution of the hemoglobin or coloring matter of the blood. A count of the corpuscles usually shows a lessened number of the red and often a moderate increase of the leucocytes. Microscopical examination of the fresh specimen has, in my experience, usually shown some few poikilocytes or deformed corpuscles. Microcytes or small normal red cells, a lessened amount of fibrin and a poor formation of rouleaux groups, are common observations.

Often we find the presence of marked digestive disorders and a careful review of my case records show that in no case of this kind have I failed to find improper digestion in the stomach. No doubt this is due to the fact that young people at the time of puberty pay very little attention to the proper and careful mastication of their food. When one considers the results that have been obtained by Mr. Fletcher and confirmed by Prof. Chittenden it should make every one pause and reflect upon the absolute necessity for the careful grinding or mastication of food as a measure preparatory to digestion. Not only is it essential that the food should be well subdivided by proper chewing, but that the saliva be carefully and thoroughly incorporated in the bolus of food before swallowing. Girls and boys gorge themselves with improper food, poorly masticated, and trust to the strength of youthful digestive organs to overcome their carelessness and for this reason we often-

times find marked stomachic indigestion. My experience has been that this is usually of the type of hyperchlorhydria, although hypochlorhydria and the atonic type are often associated in these cases.

With improper preparation of the food by mastication, with gastric digestion deranged, we may expect intestinal changes, particularly of a putrefactive character, to follow. In the wake of these classic digestive disturbances an old enemy to health is sure to follow, viz., constant constipation. As soon as this state of affairs is fully developed we may expect the absorption from the stomach and intestines of a large quantity of excrementitious and toxic products from the putrefying fecal matter, for owing to the poor muscular action of the entire tract these materials remain too long in the small bowel and the colon. It was to this condition and the subsequent anemia that followed that Clark termed "fecal anemia." It is not astonishing then that the girl should develop the sallow and disordered skin and an overabundance of "nerves" for we would certainly expect her to be in such a toxic state as would produce neurasthenoid symptoms accompanied by most defective elimination.

The urine will be found to be loaded with urates, uric acid, oxalates, of rather high specific gravity, and with this the urea, chlorides, phosphates and sulphates diminish upon quantitative test. Sometimes we find a faint trace of albumin and sugar which are significant only of the deranged digestive condition. It is literally a vicious circle from input to output and no wonder the system does not respond to the demands of normal function.

These girls, as a rule, work more or less



Men generally look on him who reveals abuses as if he were descended from Ham, with a streak of black blood. *Vide* Genesis.

Acute Laryngeal Catarrh: Give a full dose of pilocarpine as early in the attack as possible and break it up.

constantly, and though they take the average studies for the healthy girl at this period of her life, it is to them overstudy and a strain, so their teachers frequently come to the conclusion that they are mentally "pushed." It comes to pass that the generative organs are literally starved, deprived both of the nerve force and circulation needed for their proper development and normal action. The large quantity of nerve force that is normally required for the sexual organs is denied them, wasted in studies that are often of no real practical value.

Do not misunderstand me in this statement, that studies are not of value, for they are, but studies should have for their object the training of the mind and not the mere acquirement of knowledge; a little study well applied to the development of brain capacity without robbing any of the vital organs is indeed a rarity. As a result there is increased and laborious work, with a lessened mental capacity to meet the demand, while at the same time, hand in hand with the debilitating influence upon the nervous system, general conditions of bodily weakness develop. There is an intimate and close relation between the nervous system and relief to nerve tension in the normal performance of the menstrual function. Those of us who have seen this picture frequently know that the condition above described is a fertile field upon which true neurasthenia, hysteria, and many of the adolescent psychoses may develop.

There is, however, another type; a girl in whom amenorrhea may occur, she being to all appearances, strong and robust with fair or excellent physical development of hip and bust, and in these

cases we may almost certainly count that the failure to properly perform this function is due to some nervous element or condition that has been overlooked in the supervision of her case. With the menses stopped, these girls begin to worry, because they know something is wrong, and this simply adds fuel to the flame, making matters worse and retarding recovery. A little persuasive psychology will often do as much for relieving the primary causes as any well-applied treatment.

Where the condition occurs in the female who has married we can look usually to one of two conditions. In these cases we find that the flow is usually diminished or scanty, rather than it is completely stopped. In the first class we find the anemic, neurotic, overworked and toxic woman, in whom the conditions are similar to those enumerated above. The other type or class, however, is distinctive and gives the history of having married and rapidly gained flesh, and in fact has become overly stout although a test of the blood will show that she is a "fat anemic." These women are usually sterile and, as they have no children or cares to think about, generally lead an indolent, novel-reading life, presenting the dull, listless "tired-all-the-time" woman. The blood being retained constantly tends to increase their fattiness and in a short time deposits take place in the mesentery and with it comes the pendulous abdomen, a bad sign for health and a disagreeable accompaniment so far as fashion dictates. We find that they have pain at the time of the flow, considerable leucorrhoea between times, are nervous, neuralgic, complain of headaches, indigestion, backaches and indefinite pains



Picrotoxin and muscarine, possibly physostigmine, act so much like pilocarpine that a full dose of either may abort an acute catarrh.

Acute Laryngitis: An emetic of copper sulphate may break up an attack at the beginning but it is a disagreeable remedy.

in the pelvis. Local examination usually shows the cervix to be congested and the entire musculature and circulation of the pelvis to be weak.

The diagnosis is usually quite clear in married women where a full and thorough local examination can be made and the conditions there found clearly point out the line of treatment to be adopted. In young girls the question of examination of the pelvic organs naturally comes up at this point. I am unutterably opposed to an examination until a thorough trial of at least two months is first given and should this fail it is much better to first examine the conditions of the pelvic organs as far as possible through the rectum, for by these means we can obtain a fair idea of the size, position and condition of the uterus. By a thorough trial I mean the utilization of all the methods hereinafter to be described, and not the simple administration of medicines.

When the girl is of sufficient age, is backward in development, is small in stature and thin; where the breasts are flat, the thighs small and the general contour indicative of improper filling out, we may reasonably expect an infantile uterus and pelvic organs. This condition demands urgent and immediate attention and where this exists no false modesty should prevent the physician from plainly laying before the family the prospect of imperfect growth and sterile womanhood with accompanying unhappiness should the girl enter the marital state. Parents, as a rule, when this matter is properly and delicately broached, are willing that the examination should be made and in my opinion, when once attempted it should be most thorough and painstaking.

We will, as a rule, find that the labia are narrow and thin, that the perineum and vagina are short, that the uterus is small, undeveloped or infantile in size and the ovaries difficult to detect. These cases demand special attention, both general and local.

TREATMENT.

Hygienic rules concerning the conduct of their lives apply to all patients suffering with amenorrhea, but the physician should be careful to avoid extremes and permit "sweet reasonableness" to govern. The lives of these girls should be outlined in considerable detail.

I am a firm believer that they should follow the rule, "early to bed and late to rise," and by early to bed I mean not later than 8 or 8:30 p. m. The mattress, upon which the young woman sleeps, should be firm and the bolster or pillow not too high. She should learn to sleep upon the side and not upon the back or abdomen. Overstudy must be avoided and fresh air and recreation sought at each recess, through moving about in the open air and not huddling around a stove in winter or gazing most pensively at more robust persons during the warmer weather. While it is essential that the patient should have physical activity, still overexertion in work or play must be carefully restrained. There is nothing that is better for these girls than plenty of pleasant and proper companions of their own age and sex. My personal predilection in the way of an exercise is golf which permits of regulation as to the amount of exertion made.

Society, late hours, parties, and all forms of over-excitement must be firmly and absolutely forbidden as these are productive of the depraved states whose



Acute Laryngeal Catarrh: Lobelin gr. 1-12 to 1-3 every half-hour till nausea begins, loosens mucus and subdues hyperemia.

Acute Laryngeal Catarrh: Antimony, apomorphine and emetine each loosens secretion and quells hyperemia; small doses often.

correction we are striving for. The diet should be plain; a small amount of meat, plenty of vegetables, milk and butter with few gimcracks and sweets, no pickles, pastries or eating between meals, the latter being a most pernicious habit. The free drinking of water between meals is of great benefit.

GENERAL TREATMENT.

Hydrotherapy.—The action of this agent is tonic, stimulant, digestant, reconstructive and nerve sedative. In its application to these cases they should be gradually trained to stand the tonic procedures looking toward permanent effects. Of all the general methods by which these conditions can be reached I place hydrotherapy as the most important and most effective and the most certain to produce results. As I have just said, the training must be gradual, but our aim should be to so train the patient that very active measures may be used. I prefer in these cases the electric light bath until the patient perspires freely, taking care to protect the head by having it out of the cabinet and a cool cloth around the neck of the patient. This is to be followed by the horizontal rain, shower or short spinal douches. At the time, when the period is expected, a hot sitz bath at 110° F. for ten or fifteen minutes, gradually increased if she can stand the temperature. Followed by rest in bed with hot applications, hot vaginal douches and a laxative, it will oftentimes be sufficient to bring on the flow.

Massage.—The especial value of massage in these cases lies in the effects that it produces upon the general health of the patient. It may be mechanical, vibratory or manual in character, although the writer much prefers the first two, be-

lieving that in the mechanical measures of massage and vibration we have agents superior to the action of the human hand. The manipulations should be general to the legs, arms, back and abdomen, especial care being given to the kneading of the colon and the sigmoid regions. I have frequently noticed an increase of hemoglobin and corpuscles after the application of this remedy. It is almost a panacea for the indefinite aches and pains of the back and pelvic regions. It is a valuable asset in the treatment of constipation, increasing the activity of muscle fiber and secretion of the entire gut. The use of a postural couch is oftentimes of advantage in overcoming displacements, either anterior or posterior.

Drugs.—These cases, as a rule, demand the bitter tonics, and my experience has lead me to believe that gentian and nux vomica combined with iron in liquid form is the most satisfactory way of administering them. I frequently use a pill composed of nux vomica, gr. $\frac{1}{4}$; Blaud's mass, gr. 5; and acid arsenous, gr. 1-50. In nervous cases short courses of the bromides materially help in tiding patients over. Some of these cases are benefited by the use of the elixir of glycerophosphates, syrup of hypophosphites and the solution of the peptonate of iron, in one-half dram doses of each. In the local treatment of these cases drugs have proved of little value in my hands outside of tampons of boroglyceride. Three days before the period is expected we should commence the use of granules of potassium permanganate (grains $\frac{1}{4}$; Gm. .015) which has in my hands proved the most successful of all agents for stimulating this function.

Electrotherapy.—1. General. These



Acute Laryngeal Catarrh: The best direct remedy for excessive cough and nervous irritation is codeine, gr. 1-12 to adults hourly.

Acute Laryngeal Catarrh: For the hyperemia and fever give aconitine gr. 1-134 every hour till circulation equilibrates.

methods should be adopted in those cases in which we are unable to use *local* measures. In giving these treatments we must be considerate of these modest and sensitive young women and to this end exposure must be avoided. Our aim is to stimulate the nervous and circulatory systems in the pelvis; the sympathetic nervous plexuses of the abdomen; the brain and spinal systems. The treatments should be given in a private room, a nurse preparing the patient by placing her upon the table reclining upon the back. The clothing is then removed or arranged so as to permit a large felt covered pad to be placed on the lumbar region of the cord to which the positive pole of the battery is attached, a similar pad applied to the abdominal wall is attached to the negative pole, both pads or electrodes being moistened with hot water in which bicarbonate of soda has been dissolved.

A nice little point is, that the water should be carefully squeezed out of the edges of the pad, its edges dried and covered with a towel to prevent wetting the patient's clothing. When everything is in position the patient is instructed to press the abdominal pad firmly. The patient is covered with a sheet and the physician can then enter the room and administer the treatment. I prefer the galvanic current. Fifteen or twenty cells are placed in the circuit by means of the cell selectors. Now push the current selector on to the button marked "galvanic," attach the cords to the binding posts and see that the pole changer indicates that the positive pole is upon the lumbar cord. Now turn on gradually the current by means of a reliable rheostat until the milliamperemeter registers 20, 30 and 50

ma. This should be continued five to seven minutes and the current as gradually turned off. Properly done there is no shock or even unpleasantness, only a comfortable warmth, very much like that of a mustard leaf. In patients whose skins are sensitive the use of a little vaseline after the application prevents irritation.

2. Spinal galvanization is administered by applying the above-described pad attached to the negative pole upon the abdomen over the pelvis. The positive pole attached to a three-inch round metal electrode covered with soft felt, is then placed upon the lumbar region of the cord and 20 to 30 ma turned on. The spinal electrode is now slowly moved from the occiput to the sacral region. This can be easily applied without exposure by throwing a sheet around the girl the open ends of which meet in the middle of the back, thus permitting the electrode to move up and down the spine freely.

3. The above treatment (No. 2) together with the high tension faradic current has proved in the writer's hands, of signal service in stimulating the general and local functions, and is much preferred by me to spinal galvanization alone. Before giving this treatment see that the current selector is between the faradic and galvanic buttons, in which position we can obtain the "mixed" treatment.

With the electrodes in the position above described throw in three or four cells of the faradic and place the 32-wire coil in position; gradually turn on this current, by means of the endless screws consulting the sensation of the patient and not going beyond the point where an agreeable stimulation is obtained.



Acute Laryngeal Catarrh: Rumicin is said to possess a specific efficacy in laryngeal hyperemia—gr. 1-6 every hour.

Acute Laryngeal Catarrh: Deplete vessels and stop autotoxemia by full action of jalapin or colocynthin at the outset.

4. Static treatment. Several methods may be employed. Place the patient upon the insulated platform, attach the chain from the platform to the positive pole of the machine. Take the metal brush points and apply a breeze to the pelvis of two or three minutes, following this by general insolation for ten minutes. The application of sparks to the spine and over the pelvic regions and loins is an excellent method of treatment. The third way in which the current may be applied is by means of a square electrode of block tin placed *next to the skin* over the pelvic regions. My favorite method of treating these cases with the static current is to first give them pretty heavy sparks to the spine, followed by lighter ones over the pelvis and loins. The nurse then places the block of tin electrode in position, the clothing is adjusted and the static wave current given for ten minutes.

5. To overcome constipation we may have recourse to sinusoidal currents. Have the nurse place the patient upon the table and introduce the well oiled rectal electrode into the rectum. The patient lying with limbs drawn up relaxes the abdominal wall which should be exposed. The nurse wets thoroughly in the hot bicarbonate of soda solution a three inch circular electrode upon which she rubs some pure castile or Ivory soap. The electrode is then placed upon the abdomen and the current gradually turned on until muscular contractions are produced. The electrode is then moved with a gentle rotary movement over the entire abdominal wall so as to include vigorous contractions of the lateral and anterior abdominal muscles. In some instances I have seen much benefit come from the use of Diefenbach's

fluted, high-frequency electrode introduced into the rectum, the high-frequency current turned on and the treatment given for five or ten minutes. The high-frequency current can be obtained from the static machine without recourse to a coil. If after hygienic, general and external methods fail, then it becomes necessary in every case to make a local examination and local treatment must then be adopted.

Local treatment:—1. I always begin local treatment with the bipolar vaginal method. The nurse places the patient in the dorsal position, covered with the sheet; the self-retaining bipolar electrode is then attached to the battery, the positive pole to the anterior band, the negative pole to the posterior band. Start the battery and test the electrode with your hand by having the nurse turn on the current. Gently turn back the coil and turn off the faradic current before introducing the electrode. The electrode, sterilized, warmed and lubricated is then introduced deep under the uterus. I prefer the use of the 32 or 36-wire high-tension coil. Before turning on the coil see that the vibrator "sings" smooth and clear and then gradually turn on the current by means of the endless screw arrangement. As soon as the current is plainly felt, pause a second, but gradually increase up to toleration with comfort. The duration of this treatment should be from five to ten minutes, gradually reducing the current as it was turned on. *Never remove this or any other electrode while current is turned on.* The vagina is quite unsensitive, but the vulva is exceedingly so, and any one who has ever seen or experienced the intense pain that can be caused by the careless withdrawal



Acute Laryngeal Catarrh: In euarrhol we have an admirable soother of inflamed mucosæ and a germicide analgesic as well.

Chronic Laryngeal Catarrh: With free secretion, relaxation, it is said that lobelin stimulation is beneficial.

of a bipolar electrode will have an object lesson that he or she will never forget. Keep your eye upon the electrode to see that it does not move, though this is not absolutely necessary where a good self-retaining electrode is used. This treatment stimulates the circulation, removes pain, sedates nervous structures and increases muscular power.

2. If the uterus is infantile, flabby or enlarged we should use the bipolar intrauterine electrode. With the patient in the dorsal position the speculum is introduced and the cervix brought into view. The cervix should be first cleansed with absorbent cotton and the bipolar electrode introduced well into the uterine cavity. Place the 21-wire coil on the slide, start the vibrator and gently turn on the current. The treatment should range from five to ten minutes and usually twenty to twenty-five treatments are all that are necessary. We often find that this "dumb-bell exercise of the uterus" causes development to take place in the muscular structures of the uterus, just as the dumb-bell in the hand increases the size of the muscular structures of the arm. This development is usually satisfactory and permanent and it may be enhanced after treatment is discontinued by the use of a metal pessary introduced into the uterine canal.

3. The most positive and certain method to secure results, however, is by means of intrauterine galvanism. The patient, prepared by the nurse, places upon the abdomen, a large pad moistened in the hot bicarbonate of soda solution and attached to the positive pole of the battery; the speculum is then introduced and the cervix brought into view. A suitable intrauterine electrode adaptable to the cervical opening is then introduced

and attached to the negative pole. See that the pole changer is properly in place and throw the current selector upon the galvanic buttons. Put 20 cells in the circuit by means of the cell selector and gradually turn on the rheostat until the milliamperemeter registers 10 to 15 ma. After the patient has had several treatments this may be increased to 20 or 25 ma; the duration of the treatment should be from three to five minutes. The action of this treatment is to cause a free flow of secretions; it opens the channel wide, securing free drainage, stimulates the nutrition in the uterine body and causes a fluxion of blood to this organ.

The treatment should be administered three times weekly and as most patients have a sense of fulness and slight discomfort after its application, it should be followed by the use of the bipolar high-tension faradic treatment, which feeling it promptly removes and at the same time produces its tonic and stimulating influence as above detailed.

Louisville, Kentucky.

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The CLINIC is always glad to call attention to any method of treatment which will *help*. The use of electricity and other non-medicinal agents is worthy of careful trial in these cases, and we agree perfectly with Dr. Pope in the contention that all these means should be exhausted before submitting the patient, especially if she is a young, unmarried woman, to the dangers and uncertainties of a surgical operation. How much can be done by proper remedies, used in the right cases and at the right time, the alkalometrist is the first to testify. "The right and timely thing," whatever it be—that is what we want to see used.—ED.



Chronic Laryngeal Catarrh: The dry form may be benefited by the use of lobelin gr. 1-12 every two hours for days or weeks.

Chronic Laryngeal Catarrh: The relaxed tissues call for hydrastine to contract the vessels and restrain redundant secretions.

SPECIFIC REMEDIES FOR SPECIFIC CONDITIONS.*

BY WALLACE C. ABBOTT, M. D.

THE medical profession of America is, today, divided into three great schools, representing three different developments of the art of applied therapeutics.

Homeopathy, starting with a single fixed principle, attributes all useful therapeutic measures to the one mode of action, that of *similia*, rejecting all that cannot be forced within the narrow limits of this. There is to the homeopathist no other principle that can be admitted as curative; no useful agent whose action cannot be explained by this law. It is the best example of a strictly-limited or exclusive system known today. The patient must be cured—provided the cure can be won by *similia* agencies—if not, he takes his chances with nature.

It is easy enough to adduce a few or many instances, that seem, or actually do support, any given theory of drug-action; the difficulty lies in proving the negative, that no remedy ever acts usefully otherwise. To meet this the Hahnemannian was driven to two expedients; one, the reduction of his remedies to infinitesimality, and the second, the indefinite postponement of their appreciable effects. The use of quadrillionth-grain doses reduces the method to nihilism, because it is probable that the human body imbibes, in food, drink and air, very many remedial agents every day in much greater quantities than these. Hering mentions drugs like *anthesis*, whose effects are manifested forty-seven days after the remedies have been administered. Few

patients would care to wait so long for relief.

When Hahnemann wrote the "Organon," the powers of suggestion and the doctrine of chances had not been studied as they have been since, and these important considerations were not taken into account in his "provings." These also were made with preparations from crude vegetable drugs and ores, and as these were variable and often antagonistic in their effects, the deductions made from experiments with these necessarily partook of the uncertainty of the agents with which the experiments were made. If full or toxic doses of *hyoscyamus* from one sample made patients sleep, and those from another sample made the patients delirious, it is obvious that the effects of minute doses must show the same antagonism. These considerations lead us to place but little real importance upon the *materia medica* as developed by this school.

In their clinical applications of this principle, the homeopathist has made a multitudinous classification of his remedies as to their supposed effect in causing particular symptoms. Certain manifestations have been linked with certain remedies, so that the appearance of these symptoms is held to indicate the administration of the corresponding drugs.

The extent to which this method has been pushed—and its absurdity—are well illustrated in the following case: A prominent practitioner of this school in an Eastern city was treating a lady. Long had been the course, many the consultations with the greatest men of the school,

*Presented at the eleventh annual meeting of the New England Eclectic Medical Association.



Chronic Laryngeal Catarrh: After hydrastine checks redundant secretion berberine restores tone to relaxed connective tissue.

Laryngitis, Mucous: Guaiac resin soothes irritation and restrains tendency to too free secretion; gr. 1 every half-hour.

but the patient had steadily grown worse until the case was evidently desperate. Finally, one morning the doctor burst into the sick-room, his face haggard, from an all-night search through his books, but shining with the light of victory, and on his lips the exultant cry of "Eureka!" At last he had found the key to the whole difficulty—it was the pain in the left ankle! The remedy had been found, and the patient was as good as cured! But alas! The patient was dying then, and did die within a week—of cancer of the uterus, which had been unrecognized while the doctor frittered away precious time trying to fit remedies to inconsequent and trivial manifestations.

The eclectic has not been fettered by any such exclusive and limited principle. His motto is one with which no sensible man can find fault—to select from every school and from all sources whatever of good he finds, and to eschew the harmful and useless found in each. He does not, like the early Thomsonian, exclude minerals and limit himself to vegetable remedies, in spite of the popularity to which the commonly-used term "strictly vegetable," testifies.

The eclectic sprang from the common people rather than from the cultured few; child of the people, he has ever been regarded as "one of us" by the masses, as nearer to them than the more finished product of the schools. His natural bias has been for the practical side of the work; he has sought rather to relieve and cure than to study pathologic processes. His studies have been clinical rather than bibliographic or laboratoric; at the bedside more than in the study. His philosophy has been Baconic; he has sought the practical appli-

cations for utility rather than abstract—and not directly useful—knowledge. Of his deductions the following, from Lloyd, may be taken as a fair example: "Specific indications for iris, fulness of thyroid gland; enlarged spleen; chronic hepatic complaints, with sharp, cutting pain, aggravated by motion; nausea and vomiting of sour liquids, or regurgitation of food, especially after eating rich pastry or fats; watery; burning bowel discharges; enlarged lymphatics, soft and yielding; rough, greasy conditions of the skin; disorders of sebaceous follicles; abnormal dermal pigmentation; menstrual wrongs, with thyroid fulness; unilateral facial neuralgia; muscular atrophy and other wastings of the tissues; bad blood."

Evidently this is based solely on clinical observations. No attempt is made to elucidate the physiologic action of the drug, more than terming it "cholagog and alterative," the latter term meaningless. The only explanation apt to be vouchsafed is that the drug has been found to remedy the pathologic state denoted by the above assemblage of symptoms; but what that state is is not told, nor in fact is it specially sought. Nevertheless, there is real and great value in these observations, and the man who pursues this system will, if qualified, become a useful practitioner and do a good work in his community. He will often be described as possessing "horse sense," and as being essentially practical, whereas his more cultured competitor will acquire the most undesirable repute of being "theoretic."

But the difficulties in this system are many and great. The lack of a leading principle like the homeopathsists, or a



Laryngitis, Mucous: Cubebin is a useful secretion stimulant after the nauseants have done their stronger work.

Laryngitis: In all relaxed conditions brucine is a useful remedy, where a general tonic is also required.

consummate mastery of physiology and pathology, throws upon his memory an unbearable load of unclassified facts. His notions of therapeutic action are crude and indistinct—witness the use of such terms as “alterative” and “nervine,” etc. Then his specific indications are too limited in number to cover the whole field of disease. Many conditions met in practice have not as yet had their indications fitted by remedies. Other conditions are supplied with such a superfluity of remedies that one is bewildered by the number that apparently meet the same indications. A study of Lloyd and Felter has led the writer to the impression that almost the entire materia medica is at his disposal for the treatment of menstrual ailments, alike for amenorrhea, dysmenorrhea and menorrhagia. Here again we are led to ask, how much of these apparently useful applications is to be explained by suggestion, by nature and time, and how much by the enormous quantities of water with which the earlier eclectics flushed the system—a most useful measure that we fear is being neglected by their successors?

Like the homeopathist, the eclectic also suffers from the variable and uncertain nature of the crude vegetable preparations he employs. It is a misfortune to this worthy school that one of the most illustrious and influential of its leaders is so tinctured with mysticism that he sees an impossible and illusory “whole-plant” effect in the action of its combined active principles—and hence teaches his followers to look for a certain and uniform result when this is impossible.

We now turn the searchlight on the third of the great so-called “schools,” that misnamed allopathic by the home-

opathist, which prefers for itself the term “regular,” dominant, prevalent, or unlimited. The attention of this school has been largely engrossed by the study of physiology and pathology, so that it has had little time to devote to the practical side of the profession—the work of treating the sick. Besides, it has been greatly influenced by European thought and opinion, and powerfully biased thereby. When De Tocqueville traveled in America in the early 30's he found that the American of that day cared naught for science save as he could put it to immediate practical use. The problems of life were pressing heavily upon him and demanded instant solution. He had no time to wait, no love for science in the abstract, for its own sake. But this is all changed. Perhaps it is in part due to such criticisms that the modern physician has learned to pride himself on the uselessness of his science and to deride the one who asks first for the means of relieving his patients, making all else subordinate to this demand.

The disciple of eastern culture has, as we say, no time to study practical therapeutics; and he takes refuge in therapeutic nihilism, denying the possibility of favorably influencing disease-processes by drugs. Or, he plunges into surgery or other mechanical methods, discarding drugs. If he finds it necessary to use the latter—many people prefer drugging to being carved—he resorts to his prescription books, and selects a formula—the more ingredients it contains the better. He never knows why each remedy is given, when he has given enough of it, or what evidence he should have of its exact beneficial effects. He varies it little or not at all, but administers it in



Laryngitis: Calcium iodized is useful at first to subdue irritation and restore normal secretions; and to stimulate sluggish chronics.

Laryngitis: The inhalation of steam is a valuable soother of irritation, but it is easy to take more cold if exposed after it.

every case of that malady that he treats. In fact, he treats the name of the disease instead of the pathologic conditions present in each case.

Each of these three schools embraces many earnest, honest, wise and God-fearing men, who do the very best that in them lies, sacrificing their own pecuniary interests, their health and their lives to a too often ungrateful and unappreciative clientele. Is there not a common ground on which all may meet, each learn from the others, and all advance to a higher plane of knowledge and usefulness? We believe that this common ground is to be found in the study of the therapy based on definite agents like the active principles. There is no shibboleth presented here; no abjuration of principles. The homeopathist, the eclectic and the physician of any grade of belief may continue to believe and to act as his conscience dictates—and yet one and all may find here the means of improvement.

We begin with the study of our drugs, and here we have a collection of agents that are uniform and invariable in their properties, acting always precisely in the same manner and to exactly the same degree. We have here the great advantage that these agents have been tested and studied more accurately than any others, because the experimenters were driven to the use of the active principles by the impossibility of obtaining results of any value from the uncertain and variable crude drugs. There is here, therefore, the best known basis for a scientific application of remedies.

The next point is the study of physiologic and pathologic conditions, not in the dissecting room, but in the living

body. Recognizing departures from the normal state we term health, we seek among our remedies for that which will most directly meet the difficulty and restore normality or equilibrium. The remedy having been selected, we administer it in very small doses frequently repeated. It is a naked remedy, not enveloped in encumbering masses of inert matter from which it must be dissolved out, and being very soluble its effects are very quickly manifested. Knowing exactly what these effects will be, we watch for them; and as soon as we see that these effects are present to the exact degree we wish, we stop the drug or so continue it as to keep up the desired effect.

We usually give one remedy for one reason or condition. If there are several indications present we give the right remedy for each, and thus may be using a number at the same time. But we never mix up drugs to obtain a possible benefit from one of them, not knowing which it is that does the good. Single remedies for single indications; but one drug and that the right one.

This work is still in its infancy, but the results are so vastly ahead of the older methods that one may be pardoned for being somewhat enthusiastic. Some of the more obvious applications of the principle may be cited. In all fevers and inflammations we face an evident disturbance of the circulatory equilibrium. There is too much blood somewhere, and as there has been no increase in the total bulk of the blood in the body, it is obvious that there must be too little blood in some other place. But the quantity of blood in any given part is governed by the tension of the blood-vessels, and this



Laryngitis: Hoarseness is usefully treated by a few small doses of potassium bichromate; gr. 1-67, every hour or two.

Laryngitis: Lobelin and hydrastin come pretty near being a full materia medica for treating this malady.

depends on the irritability of the nerves governing the caliber of the vessels, the vasomotors. Hence, too much blood means vasomotor paresis, and too little blood means vasomotor spasm. Such remedies as digitalin and strychnine restore the tone of the paretic nerves, while aconitine and veratrine relax vasomotor spasm; and the tremendous fact has been discovered, that just as these two processes coincide in different parts of the same body, so these two remedial actions will be manifested when these remedies are administered at once. So we combine aconitine to relax spasm with digitalin to restore tone, secure in the knowledge that each ailing cell will select from the blood that which is at the time its appropriate food, that is, what it needs to restore physiologic equilibrium. But the vitality may be deficient, and then we add strychnine; or the elimination may be defective and the blood poisoned by excretory matters, and then we add veratrine, which throws wide open all the doors for elimination. Just so other needs may appear for which we add to the basal remedies whatever is requisite besides.

Take another example — neuralgic headache. We see the face pale and shrunken, the blood driven out of it and, as we know, gorging the internal vessels. We know that atropine most powerfully dilates the cutaneous capillaries, and we give it in small rapidly-repeated doses until the face begins to flush again. But we go further; for we have found that this disequilibrium is most frequently due to the presence in the blood of certain toxic substances generated in decomposing feces in the bowels. So we sweep out the alimentary tube, and flush

the blood with a free supply of water. But here we meet an apparent difficulty, in that the first effect of the physic is to increase the headache. The toxins generated in the bowel do not cause trouble until they are absorbed into the blood; but to be absorbed they must be dissolved, hence the effect of laxatives that reduce the feces to fluidity is to present more of the poisons to the absorbents. We may meet this difficulty by giving such agents as act as disinfectants in the bowel, or by using laxatives that merely increase peristalsis and do not cause a serous flow into the bowel; or we may remove the worst of the material from the large bowel by flushing the colon with a mild antiseptic solution. As part of this fluid is absorbed, traverses the blood and flushes the kidneys, this is an especially appropriate procedure. Finally we may prevent the return of such paroxysms, by duly regulating the diet, insuring regular evacuation of the bowels, raising the vital resistance by ~~strychnine~~, restoring the nutrition of the ~~degenerated~~ nerve roots by zinc phosphide, thus coaxing the patient back into physiologic habits.

Among other specific remedies for ~~specific~~ conditions we may mention atropine as a restrainer of morbid secretions, pilocarpine as a stimulant of the same, berberine as a special toner of relaxed connective tissue, hydrastine as a contractor of the smaller arterioles, calcium sulphide as an inhibitor of the smaller microorganisms, gelseminine as a sedative of the medulla, cicutine as exerting a similar control over the spinal cord, etc. Pilocarpine also exerts an as yet mysterious control over some of the micrococci. Over erysipelas it exerts a mastery not paralleled in medicine—not



Leprosy: There are two common forms of this disease, the anesthetic and the tubercular, the latter more frequent.

Leprosy: The disease is not very common in the United States but is becoming more frequent; colonies in Louisiana and Minn.

even by quinine in malaria—but it is only the sthenic form that it cures, while in asthenic erysipelas it is worse than useless, dangerously depressing the weakly patient.

Our studies of fevers had not proceeded far before we recognized the vast importance of autotoxemia in the causation of symptoms hitherto attributed to the fever itself. The stoppage of digestive secretions, like the bile, the presence of warmth, water and nitrogenous food derivatives, greatly stimulates the development and activity of the many microorganisms that inhabit the alimentary canal. The morbid products there generated and absorbed thence into the blood, we believe to account for at least one-third of the symptom-total of any fever. That is, of the fever, headache, weakness, aching, delirium, anorexia, insomnia, etc., one-third at least will subside when the alimentary canal has been completely emptied and antiseptics given in doses sufficient to remove all bad odor from the stools.

In so many other maladies has autotoxemia proved to be an important factor, that we have made it a cardinal rule to make the alimentary canal clear and aseptic in all cases in which we are called; and an immense improvement in our results has been due to this. A distinction is to be made between intestinal antiseptics and internal antiseptics, since the contents of the bowel are not really within the body in the sense that substances are that have been absorbed into the blood. Calcium sulphide has been already mentioned as a specific antagonist of invading microorganisms. Echinacea seems destined to take high rank as an antagonist to venoms and perhaps of microbes as well. Nuclein, which in-

creases the number and activity of the phagocytes, is strongly advocated as a means of reinforcing the powers of the body in their fight against all invading organisms.

Alkalometry, active-principle or exact-remedy therapy, therefore, is not based on the assimilation of a remedy with a symptom, or a group of symptoms, or a disease by name, or the authority of a leader, *but on the known effects of a remedy and the known pathologic condition present.* It is rational, scientific, common-sense, medication. It has many advantages in dealing with the patient—palatability, small dose, quick action, dispensing by the physician without delay or expense of seeking a drugstore, etc. Its advantages to the physician are numerous—quick solubility and prompt action enabling him to act in the incipency of attacks and break them up before the malady is firmly seated, control of the medicine and prevention of refilling, etc. But the most valuable result of the active-principle method is that it compels the physician to know his medicines and to study the disease and watch for the drug-action. It takes him back to the book of nature, makes him a watchful student of his patient and cognizant of the phenomena occurring during the progress of the case. We cannot possibly conceive of the possibility of a patient dying from a two-grain dose of strychnine and its being never suspected until the nurse confessed after the patient had been buried, if the doctor were giving the strychnine in doses of gr. 1-134 every half hour and watched for the exactly normal degree of tonicidity as the signal for stopping the medicine.

Overdosing and underdosing are im-



Leprosy: In the tubercular form of leprosy the skin is mainly implicated; in the anesthetic, the nerves.

Leprosy: Cures are more frequent in the anesthetic type of the disease, but in any variety uncommon.

possible by this method. It may seem difficult to one who has never tried the method, but in fact it is at least twenty times easier than the old system. It is one that the beginner will find natural, instructive, and that begins with what he knows, be it much or little, and grows with every new bit of knowledge he adds to his stock. He works from the inside,

following a system that develops by the margins, each case adding obvious and to-be-expected elements to his framework as shingles are laid on a roof. And in this is to be found the greatest benefit of the method, that it naturally and easily trains the doctor in the practical work of his art.

Chicago, Illinois.



THE CARE OF THE FEET.

BY EDWARD A. TRACY, M. D.

Orthopedic Surgeon to Mt. Sinai Hospital, Boston.

NORMAL feet are the rarest of possessions amongst adult civilized peoples, at the present time. With all children, however, normal feet are the rule, deformed feet the exception. It is not putting it too strongly to state that 99 per cent of the adult feet examined by the orthopedic surgeon are in some degree deformed. These facts are a strong argument against heredity, viz., that the vast majority of civilized parents have deformed feet, yet their offspring have normal feet. This should comfort many persons who are troubled with the idea that they inherit defects. Let them know that the majority of our defects are of our own making—are like our corns and bunions—of home manufacture—and that these defects, bodily and mental, are like out pet corns and bunions, very amenable to scientific treatment.

I have said that 99 per cent of the feet of adults among civilized races are deformed. This astounding condition of affairs is due to the badly constructed footwear that is in general use. This footwear has not been constructed after a rational investigation as to its use—but

rather, apparently, with a view of making symmetrical what nature has designed unsymmetrical. For Nature has designed the human foot unsymmetrical, a line passing through the middle of the heel and the middle toe making two very unequal parts; the great toe at one extreme of the front foot, the little toe at the other. Shoemakers for generations have striven to correct this, by covering the foot with a symmetrical covering, such as the "toothpick" shoe, or with a covering approximating this symmetrical covering, as the ordinary fashionable shoe to be seen in every shoe store in the Union—and on the vast majority of people's feet.

But, despite the efforts of generations of shoemakers, the human foot is still far from symmetrical; indeed, Nature represents the indignities heaped upon her and the myriad of cases of hallux valgus, hammer-toes, corns, bunions and ingrowing toe nails are the direct result. In our own era, however, a more rational form of footwear is gradually coming into use, and while the results in correcting the deformities of the adult foot are often considerable when com-



Leprosy: A striking characteristic of tubercular leprosy is the leonine appearance of the face, due to corrugated brows.

Leprosy is caused by a germ, the bacillus lepræ, said to closely resemble the tubercle bacillus.

bined with correct treatment, yet it is only in the rising and coming generations that we can expect the full fruition of our efforts to properly cover the human foot, to result in normal feet—feet such as are imaged in the sculpture of the ancient Greeks, whose footwear were sandals. It is a pleasing sight in summer time in recent years to see the children of the well-to-do wearing these olden-time sandals; pleasing, because these young feet fresh from Nature's mould are undeformed, and because it indicates a care for the feet that promises to carry them undeformed into adult life.

In the first place the theorem must be granted that the form of the foot given by Nature is normal. Hence, the use

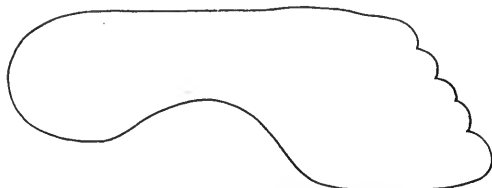


FIG. 1.—Outline of Sole of a Normal Foot.

of anything that tends to alter this form is abnormal, and indeed irrational. Undue pressure, such as comes from the use of tight bandaging (as is the custom of treating Chinese girl children) or the use of the ordinary shaped pressure-producing shoe of civilized countries, is abnormal and irrational, resulting in a greater (as in Chinese women) or lesser degree of deformity (as in 99 per cent of our present adult population). A normal shoe must be devoid of pressure, that is, must be of such a shape that while protecting and covering the foot, there is nowhere undue pressure produced by it.

An index to a normal shoe, is the shape of its sole, which approximates closely to the shape of the sole of the

normal foot. The accompanying illustrations will serve to show this relationship. Fig. 1 outlines the sole of a normal foot; Fig. 2 that of a normal shoe. The heel of a normal shoe should be low.

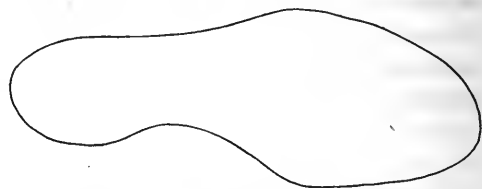


FIG. 2.—Outline of Sole of a Normal Shoe.

The high heels so fashionable with young women are hurtful and dangerous; hurtful because of the unconscious loss of nerve force required to support the body in an unnatural position, and dangerous because of the weakened condition and position of the ankles being a frequent cause of sprains.

To classify further our ideas of normal and abnormal footwear, outlines of ordinary shaped shoes worn by most adults are given in figures 3 and 4. Fig. 5 shows the outline of an adult foot that has graduated from the shaped shoes shown in Figs. 3 and 4. Yet this same foot had once the outline pictured in Fig. 1. "As the twig is bent, so is the tree inclined."

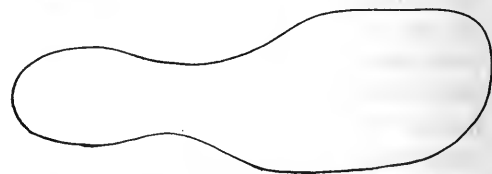


FIG. 3.—Outline of Sole of a Badly-Shaped Shoe for Adult.

The effort towards normal growth of the foot pictured in Fig. 5 was thwarted for years by badly-shaped shoes, and a misshapen mass of ugliness and weakness resulted in place of a foot of beauty and of strength; for the foot is truly the



Arsenic is an old remedy for leprosy which was formerly used, but with very little success. Iron arsenate worth a trial.

Silver oxide is another remedy that has had something claimed for it; smilacin an alterative of some value.

creature of its environment. I desire to emphasize the idea of the normal-shaped shoe for several reasons. One reason, the majority of shoe manufacturers have no conception of what the normal shape of the shoe should be. Another reason, a goodly number of doctors appear likewise to be in the dark upon this subject. At a recent meeting of Boston's chief

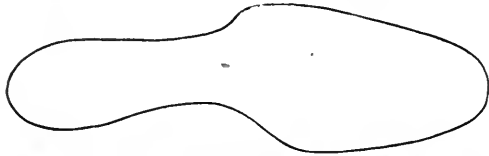


FIG. 4.—Outline of Sole of Badly-Shaped Shoe for Adult.

surgical society the writer saw one of its leading members take part in a discussion, his feet adorned with a pair of fashionable pumps that would have done credit to the court of Louis XIV.

The most important reason for emphasis, is the fact that a normal-shaped shoe is the essential prerequisite in the care of the feet. In fact, if normal-shaped shoes were worn from childhood up, the human foot would need no other care, save that dictated by a cleanly habit. The vast number of cases of deformed and partly crippled feet, including hallux valgus, hammer-toes, corns, bunions, in-

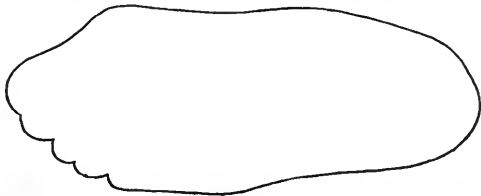


FIG. 5.—Outline of Sole of Foot Deformed by Wearing Badly-Shaped Shoe.

growing nails, metatarsalgia, would disappear and the occupation of the chiropodist would be like Othello's—gone! Before this happy state of affairs ar-

rives, however, much enlightenment of the public must be accomplished. This enlightenment can best come through the family doctor, under whose care the growing generations pass. He can best explain to parents and guardians the necessity of correctly-shaped foot-wear for the young, to prevent the deformities which cause suffering and oftentimes serious disability. Here is a wide and practical field for reform. The shoe manufacturers will make normal-shaped shoes more generally when there is a demand for them—when the buyers insist on getting the shaped shoe which they know is normal.

I will again enumerate the more common afflictions of the foot that we are called upon to treat, and which are caused by badly fitted shoes. They are: Hallux valgus, the great toe deflected towards the middle line of the foot, instead of growing straight forward; bunions, painful calluses on the inner and outer borders of the foot; corns, on one or more toes; hammer toes, an overlapping toe always flexed; and ingrowing nails. For these conditions I shall outline the treatment that I have found most successful.

BUNIONS AND HALLUX VALGUS.

A bunion has been defined as an inflamed bursa over the base of the great toe. This is correct so far as it goes. But bursæ can be formed on various portions of the feet—in fact are often found developed over the malleoli in tailors, especially over the internal malleolus, the part most pressed upon when sitting cross-legged. In club feet, bursæ are formed over any points that are exposed to undue pressure. I have not infre-



Some years ago chaulmoogra oil was recommended in the treatment of leprosy and with remarkably good results.

Improvement almost always follows the administration of chaulmoogra oil, but the remedy is not very well tolerated.

quently seen a bunion situated over the distal end of the fifth metatarsal on the outer border of the foot—a position analogous to the more usual situation of the bunion on the inner border of the foot. The most troublesome bunions are those situated on the inner border of the foot, over the base of the great toe. These are almost always associated with the deformity known as hallux valgus.

The object of our treatment in these cases is two-fold: To stop the irritation that is the cause of the proliferation of extra tissue forming the bunion; and to correct the deformity of the great toe and bring it back as much as is possible to its normal position.

In severe long-standing cases, that have progressed so as to bring deformity of the neighboring joint of the great toe, this correction of the deflected toe to its correct position in line with the inner border of the foot is impossible without a cutting operation into the joint. But most cases can be corrected by a suitable appliance in such manner that although the toe be not restored to its correct anatomical position, its position is considerably improved and the function of the foot quite restored.

The first procedure in treating, whether alone or associated with hallux valgus, is to have the patient fitted with normal-shaped and wide shoes. This does away at once with the abnormal pressure that irritates and produces a hyperemia of the tissues pressed upon, which hyperemia in turn produces the hypertrophy of tissue that gives rise to the bunion. To further protect the raised tissue that forms the bunion from shoe-pressure, a sufficient number of layers of adhesive plaster, about a quarter of an

inch wide, and oval in shape, should be placed, one over the other, around the base of the bunion, until a sufficient number of layers are in position to overlap the bunion. This protects the bunion from being touched and irritated by the shoe. Bunion felts, sold by druggists, can be used for this purpose, and are perhaps more elegant than the adhesive plaster. But the adhesive plaster we generally have at hand and can always accurately fit the bunion under treatment. Painting the bunion with tincture of iodine is a good adjuvant to treatment. This treatment applies to a simple bunion. It can be summed up as follows: Remove irritation, pressure, and the bunion gets well.

The treatment of bunion associated with hallux valgus is more complex, for the problem involves the correcting of the toe deflected more or less from its normal position, and often also complicated by joint inflammation. If there is considerable deep tenderness, apply for a couple of days, a generous dressing of antiphlogistine. Then the first essential is a normal pair of shoes, with plenty of room in the forward half.

When there is but a moderate degree of toe deflection the toe can be straightened by means of a strip of inch wide adhesive plaster, applied to the inside surface of the great toe, carried over the end of the toe and continued along the inner side of the foot, around the heel, and as far back on the outer side of the foot as the fifth metatarsal, where it should be secured by a strip of plaster passed transversely around the foot, and also a roller bandage.

Before applying the adhesive plaster



Hoang-nan is another remedy which has been recommended in the treatment of this disease—leprosy.

Chalmette's antivenine, a snake-venom serum, has been employed and some apparent cures have followed.

in the manner described, an adhesive plaster collar, or bunion felt should be applied to the base of the bunion. The long strip of adhesive plaster should be carried over this felt, which acts as a fulcrum for the adhesive strip, and enables it to act with more force in straightening the toe. I have found this method (adopted from Sayre) very efficient in moderate degrees of hallux valgus. It must be reapplied every third day, to be efficient.

In severe cases of deflected great toe I have used splints made of aluminum and also of vulcanized rubber after the following fashion: A plaster of Paris cast was taken off the inside of the foot, the great toe being held in a corrected position. From this cast a babbitt metal form was made, when aluminum was selected as the material for the splint. A strip of aluminum, 1-16 inch thick, was hammered into shape on this form, the strip being cut having the outline pic-

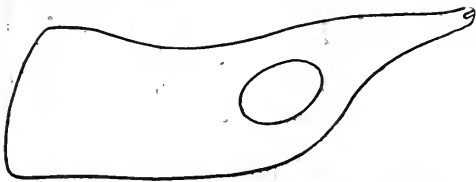


FIG. 6.—Splint for Use in Cases of Deflected Great Toe.

tured in Fig. 6. An oval piece was cut out of this form, so that when the splint was in its position on the inside of the foot, the bunion served, in the oval opening in the splint, to anchor it. The splint was retained in its correct position on the foot by means of the bunion and adhesive plaster applied transversely around the splint and the foot. The foremost portion of the splint was slightly hooked so as to retain in position a loop of elastic webbing in which the great toe was

placed. The loop was of such a length that it exerted, when over the toe, a constant traction upon the toe, pulling it outwards towards the splint. The foremost portion of the splint on which the hook was formed, sloped upward, so that flexion of the great toe did not displace the splint. When vulcanized rubber was employed to make the splint, a plaster form was taken from the plaster cast and the method of vulcanizing rubber employed by dentists was used. The splints are efficient, made from either material, and after a few months' use, give excellent results.

CORNS.

A corn is a localized hypertrophy of the skin covering the toes. They are classified as "hard" and "soft." The "hard" variety is situated upon the upper surface of the toes—the soft between the toes or on the under surface. They are histologically the same, but in the latter situations are subject to maceration and the horny layers of epithelium are softened and rubbed off, so that they cannot form the hard surface found in corns on the upper and dry surface of the toes. The local hypertrophy of skin tissue is caused by the hyperemia induced by irritative abnormal pressure in the situation where the corns form.

The essential of treatment is to wear roomy shoes, that are of a normal shape, that do not press upon the toes. If such shoes are worn the corns will yield readily to treatment and not recur. A collar of adhesive plaster should be built around each corn, of sufficient height to over-top the corn, and thus protect the sensitive portion of the skin from the pressure of contact with the shoe, or with the other toe, if situated between the toes.

Dyer has apparently cured some cases of leprosy in the Louisiana colony; others greatly improved.

In few diseases is there such a record of heroism as among those who have cared for lepers; Father Damien now has a successor.

If the corn is of the hard variety, the hole in the collar around the corn can be filled with powdered crystal sal soda (the washing soda found in the kitchen) and retained in contact with the corn by a piece of adhesive plaster brought around the collar, corn and toe. This can be removed in three days, when the horny epithelium will be found softened and can be easily removed. Three such dressings will generally finish the corn. It might be thought that this treatment of the corn was superfluous—as providing a correctly-fitted shoe would be sufficient to prevent pressure on the corn and thus lead to its cure.

The sensitiveness in corns causes the toe tendons to come into activity (by reflex muscular action) and the toes are pulled against the shoe surface with a pressure-producing force that keeps the corn very much in evidence, even though the shoes are perfect. So that corns must have treatment besides a correct fitting normal shoe, to become cured. And scientific treatment (not the merely palliative treatment of the professional chiropodist) will radically cure corns.

It is well to remember that corns sometimes irritate the disposition of a person. Sayre tells of a man with a severe case of corns, the peace of whose family was soon disturbed for many years. Sayre cured him of his corns. His disposition changed so much that one of his daughters artlessly explained it by saying that "Pa is becoming religious."

HAMMER-TOE.

Hammer-toe is a deformity in which the distal joint is bent upwards at an acute angle, giving the toe a form suggestive of a hammer. Poorly fitting

shoes, causing irritation that results in a chronic muscular and tendonous contraction are the cause. In the young and adolescent, binding the toe in a corrected position upon a small splint on the under surface of the forefoot and the involved toe, is curative. In adults, an operation is usually necessary to produce cure. The individual case has to be studied to indicate the special operation called for in each case. Normal shoes are a *sine qua non* in the treatment of this condition.

INGROWING TOE-NAIL.

Cases of ingrowing toe-nails involve chiefly the nail of the great toe. Almost invariably it is sequential to improper paring of the nail, which should be cut straight across the top, so that its ends remain further forward than the flesh.

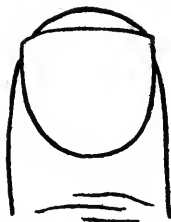


FIG. 7.—Correct Method of Trimming Toe Nail.



FIG. 8.—Incorrect Method of Trimming Toe Nail.

Figures 7 and 8 illustrate the correct and incorrect manner of trimming the toe-nails. Though the condition does not always follow incorrect trimming of the nail, it is always associated with badly-fitting shoes, the toes being compressed by the narrow fore-shoe. The majority of surgeons, following the example of Koenig, their great German contemporary, believe that excision of the nail, or at least the offending portion of it, together with its matrix, is called for. This is all right if one's conception of surgical treatment is that it calls imperatively for



Leukemia: In this condition there is an increase in the number of the leucocytes in the blood; lymphocyte and leucocyte leukemia.

In leukemia there is enlargement of the spleen, frequent enlargement of the lymphatic glands and always change in bone marrow.

the knife. It's all wrong, however, if we find that without sacrificing tissue we can restore the parts affected to their normal condition, and that such heroic measure as an excision of the part is uncalled for.

In treating an ingrowing toe-nail the prime essential (as in all the troubles treated of in this paper) is for the patient to wear normal shoes, that fit the foot properly, impinging nowhere on the fore-foot. These cases reach us generally in a severe condition, seldom at the beginning of the trouble. The nail on the side which is ingrowing is imbedded in a mass of suppurating granulations; there is extreme tenderness where the side of the nail impinges upon the flesh; the whole half-toe is reddened, and from the foul local condition one wonders why there isn't a severe lymphangitis associated with the trouble.

An antiseptic bath should be given the foot; the tissues about the ingrowing nail should be treated with a liberal supply of an antiseptic astringent powder (I have found powdered Micajah's wafers ad-

mirable) and a layer of absorbent cotton should be introduced around the ingrowing nail, so that the cotton separates the nail from the inflamed soft tissues. This has to be done deftly and need not cause much pain. It should be redressed every day or second day. After a few days some of the exuberant granulations have formed a scab from the action of the astringent powder, and this can be removed, leaving a fresh surface for the powder to act upon.

At the beginning of treatment it is generally difficult to introduce the cotton around the ingrowing edge of the nail, which usually has been cut off cornerwise, but after a few treatments this is easier of accomplishment and before dismissing the case the patient should be instructed in the correct manner of paring the nails, as illustrated here.

Generally two weeks of treatment cures the case. There is no loss of time by the patient from his avocation, and there is no loss of time (as by excision) to deform the toe.

Boston, Massachusetts.



SUGGESTIONS IN MODERN THERAPEUTICS.

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PART IV.

THIS element underlies pathology as well as diagnosis, as evidenced by the alleged wonderful cures of reflex neuroses unknown to neurology. In many of these instances recovery has resulted not through any reflex action of the remedy, but simply through the removal of tem-

porary autointoxication produced by the disease. The belief in the reflex nature, however, vitiates the results of the surgeon who neglects preliminary, as well as postoperative dietetic and other treatment. From this neglect results the frequent cases of insanity and neurasthenia. This is especially true of cases in which



Leukemia: Digitalin is recommended, also ergotin for the purpose of causing contraction of the spleen.

Leukemia: Do not forget the value of the arsenates in full doses in this disease; often do good.

operation has been indicated, and has been assumed sufficient to effect a complete recovery. If the patients recover from the neurasthenia or insanity, the beneficial results are attributed to the operation. If they do not, the operation has been successful, but the neurasthenia or insanity is charged to other and later causes. Another strongly-marked personal element of error in therapeutics as related to diagnosis, is that arising from ignoring through ignorance or prejudice, remissions in constitutional disorders. The great neuroses, like locomotor ataxia, parietic dementia, multiple cerebral sclerosis, etc., have periods of remission during which the patient seems to the average observer to have regained his former health. Many of these remissions are called "cures" by the advertising specialists, Christian scientists, the miracle workers, as well as physicians biased by the reflex notion, or by intense faith in some medicinal or surgical procedure.

The influence of erroneous notions regarding prognosis and the failure to distinguish between viability, comparatively good health, and total recovery, strongly dominates the abandonment of medicinal procedures, and too often leads to the adoption of quackish methods, or of useless surgery for relief. In many instances it has caused death through the physical and mental depression produced by the unwise announcement of a fatal prognosis. In the first half of the nineteenth century many a patient with a cardiac murmur, now regarded as remediable or compensable, died as the result of the fatal precision which recognized the murmur and led to the prediction of doom. Like a child with a new toy, the profession, with the

first developments of auscultation and percussion, delighted in detecting murmurs and rales, but the constitutional effects of these were neglected. The first stage of improvement in medical precision has been to lay undue stress on a particular organ or symptom and exalt it at the expense of the rest of the constitution. The result has been quackish "cures" and fatal prognoses. Hundreds of patients with cardiac, renal, hepatic, or nervous diseases, who are now given a long life with comparatively good health were, in the first two decades of the nineteenth century, doomed to death through erroneous prognoses by the so-called exact diagnosticians of the day.

The theory that symptoms alone should not be treated even though they were all that imperiled life, aided this error. "Hope kept alive is," as Oliver Wendell Holmes so wisely said, "the quack's chief source of income." A personal element of error akin to this, is that arising from the failure to recognize the alternation of mental and nervous states with physical disorders. This error occurs very frequently, not only in connection with epilepsy, most "cures" of which consist of the replacement of a motor explosion by a condition of irritability, suspicion, stupidity, or nocturnal nervous and mental disorders; but also in diabetes, in which the glycosuria often alternates with mental, nerve, or skin disorders, in cardiac disease, in asthma, in many dermatoses, in gout, tuberculosis, and Bright's disease, in which cyclic albuminuria is often an illustration.

Another great element of error is dependent upon the mimicry by neurasthenia and hysteria of so many seemingly organic disorders. There being few constitutional disorders which are



Leukemia: Phosphorus and zinc phosphide have been successfully used in its treatment. Try lecithin.

Leukemia: The glandular stimulants should be tried, such for instance as phytolaccin. Try ampelopsin.

not simulated by hysteria and neurasthenia. This is due, in part, to the popular medical notion that hysteria is simply malingering and that neurasthenia is not an organic disease, but is purely functional like the "neuroses" of the older nosologists. Both hysteria and neurasthenia produce secondary states of auto-intoxication which give a decided organic semblance to their symptoms. Another element of error arises from the environment in which therapeutic observations are made, and the effects of this environment on the mentality of the physician. This occurs not only in general practice, but likewise in hospitals, and even in "rest-cure" practice in which the physician is supposed to exercise the greatest possible individual supervision.

One of the greatest apostles of the "rest cure" did not discover the untoward effects of bromides in epilepsy and other neuroses until thirty years after they had been pointed out by neurologists the world over. Here the error was due to relying upon the trained nurse for observation, and accepting her results unanalyzed and unsupervised without question. Furthermore, it is a singular illustration of the undue influence of authority in increasing the prevalence of this error, that a prominent American therapist, who had written a work on epilepsy, never discovered the untoward effects of the bromides despite the copious American, Danish, French, German, Hungarian, Italian, and Russian literature on the subject until the "apostle of the rest cure" before mentioned, reported cases. The general practitioner is of necessity biased because of the uncertain factors of administration and observation with which he has to deal, on the part

of the family. The nurse of the general hospital is too often so surgically or quackishly biased as to fail to notice aught but the assumed general effect of a remedy. The physician who relies upon her observation has generally a broken reed to lean upon, so far as knowledge of therapeutic results is concerned.

Another element of error has arisen from the use of copyrighted compounds of unknown composition. These in many instances have occasioned the drug habits whose origin seems inexplicable. The routine prescription of these has led to the treatment of the patient's diagnosis of his own case rather than the disease itself, and has caused the repetition of prescriptions for unknown compounds, which has resulted in "habits," and this, by the way, is one great cause for the occurrence of drug addictions as a secondary consequence of neurasthenia.

The bias in favor of disease labels, rather than the analyzed symptoms complex, has resulted in a similar personal element of error in the domain of therapeutics proper. Since therapeutic agents called "nervines" are applicable to nervous diseases they are prescribed by many practitioners for nervous diseases, irrespective of the nature of these and with a complete disregard for nerve physiology and pathology. The most notorious instance of this is the widespread use of the bromides, chloral hydrate, the synthetic hypnotics, and analgesics in nervous diseases of all kinds, with a naturally resultant damage to nervous systems far greater in amount than any benefit derived. Indeed the effects of chloral hydrate, the bromides, the synthetic hypnotics, etc., are often regarded as the effects of the disease. Very frequently such patients recover under Christian



Leukemia: Bone marrow is worthy of a trial in these cases; oil of eucalyptus has had some advocates.

Leucorrhœa: Anemonin is one of the most valuable remedies in cases due to uterine congestion; increases normal menstrual flow.

Science, Dowieism, etc., simply because the drug intoxication whose effects had not been recognized, is removed. The same personal elements of error occur in connection with the antipyretics. It is now very generally recognized that cardiac depression from the coal-tar product is often more dangerous to life than the exhaustion produced by fevers. The words antipyretic and pyrexia still dominate the mental processes of a number of practitioners to such an extent that many therapeutic failures and fevers, with their many dangerous secondary results can be charged to this domination. To a certain extent the integrity of the smaller blood-vessels is sometimes affected by fevers, especially when these are accompanied by the toxins of bacteria. It is to this last condition especially that early cerebral arterial atheroma often owes its origin. Given this condition, together with increased arterial tension and cardiac strain, miliary aneurisms could readily result from the employment of coal-tar antipyretics. These serious results, are usually charged to the fever and not to the remedy.

While very potent for therapeutic good, and also for advance in pathology, bacteriology has introduced a serious, dangerous and mentally lazy personal element of error into therapeutics. Under the influence of the misleading old axiom "stop the cause and the effect ceases," bacteriologic therapeutics has been pushed to a wild absurdity. This old axiom being a sophism which is more like truth than truth itself, has created much false science not only in medicine but elsewhere. The operation of the primary cause in the universe always sets in action secondary causes, whose effects continue long after the pri-

mary effects have disappeared. The conception that it was only necessary to remove the primary cause has so dominated medical and surgical therapeutics that it has become the most adored fetish of the average practitioner. The advent of the germ theory led to a most tremendous use of this excuse by the mentally indolent. Despite the fact that the germ sets in action secondary causes and that it was itself affected by the culture medium furnished by the body, all that was considered necessary for treatment of germ diseases was the use of an antiseptic remedy. It is now known that the toxin produced by bacteria is infinitely more serious in its effects than the bacteria themselves.

There is reason, moreover, to believe that the destruction of pathogenic bacteria cannot be accomplished without the destruction of nonpathogenic and even useful microbes. The natural *Bacillus aerogenes lactis* of milk is destroyed by sterilization and pasteurization. In consequence, as Bienstock has shown, the anaerobic microbe of putrefaction attacks milk in the human intestine, producing very toxic products, as a consequence of successful destruction of this *Bacillus aerogenes lactis*. Despite all these facts, the treatment of tuberculosis, pneumonia, and all germ diseases on the antiseptic plan is widely urged and much followed. Until the personal element of error arising from the mixture of the misleading old axiom as to causation with mild bacteriologic and antiseptic theorizing ceases to dominate the mind of the average practitioner, such absurd treatments will continue to be exploited, especially by persons with a commercial tendency.

Chicago, Illinois.



Leucorrhœa: Macrotin is the remedy for girls at puberty, especially when they manifest choreic tendencies.

Leucorrhœa: PicROTOXIN is recommended for sero-purulent discharge with associated lumbar pain.

Editorial Chat

"NEW AND NON-OFFICIAL REMEDIES."

THE American Medical Association has inaugurated an effort to settle "for good and all," the line of demarcation between the ethical and unethical proprietaries. Every reasonable physician recognizes the value of many of these remedies, while he cannot be blind to the abuses which have grown out of their exploitation. The difficulty has been to "separate the goats from the sheep"—to secure reliable information concerning their composition and character which shall exclude the possibility of misrepresentation, and at the same time to put a stop to the doctor being used as means for the introduction of cure-all nostrums among the laity, to be used by them for self-medication.

The plan which has been adopted to secure this very desirable end, an end which all honest physicians must approve, whether or not they agree with the wisdom of the method, is the establishment of a body of censors under the auspices of the Association, to be known as the Council of Pharmacy and Chemistry of the American Medical Association. This body, composed of well-known pharmacists and teachers of materia medica and chemistry, will examine into the composition and status of the various non-official synthetic and proprietary remedies offered for sale to the physicians of this country, and will pass upon their eligibility for admission to a book which will be published by the Association, a sort

of "extra-pharmacopeia," to be called "New and Non-Official Remedies."

It is assumed that remedies not given in this book will be inadmissible to the advertising pages of the *Journal*. Manufacturing pharmacists who desire their products listed in this book are requested to submit the data necessary to pass upon their admissibility, as determined by certain rules laid down by the Council, which we give further on. Concerning the significance of the admission of an article, the following statement is made in the preliminary announcement of the Council:

The acceptance of an article will be based upon a careful and unprejudiced examination of the accessible information from all sources, and in compliance with the adopted rules. An acceptance, however, is not to be interpreted as an endorsement, neither is omission from the list to be construed in every case, as condemnation of an article; it may mean that the necessary information has not been obtained. The Council does not pass judgment upon the therapeutic value, but on the ethical status only.

While no charge will be made for admission to this book it is expected that it will serve as a certificate of respectability and that exclusion will place the manufacturer upon a sort of "index expurgatorius"—his product to be considered as "taboo" by the truly ethical. The book itself is to be arranged upon a plan similar to that of the U. S. Pharmacopeia and will contain a condensed description of each article admitted, with

the pharmacologic and therapeutic data essential for its intelligent use.

In order to secure admission to the book each article must conform to the following rules:

Rule 1.—No article will be admitted unless its active medicinal ingredients and the amounts of such ingredients in a given quantity of the article, be furnished for publication. (Sufficient information should be supplied to permit the council to verify the statements made regarding the article and to determine its status from time to time.)

Rule 2.—No chemical compound will be admitted unless information be furnished regarding tests for identity, purity and strength, and, if a synthetic compound, the rational formula.

Rule 3.—No article that is advertised to the public will be admitted; but this rule will not apply to disinfectants, cosmetics, foods and mineral waters, except when advertised in an objectionable manner.

Rule 4.—No article will be admitted whose label, package or circular accompanying the package contains the names of diseases, in the treatment of which the article is indicated. The therapeutic indications, properties and doses may be stated. (This rule does not apply to vaccines and antitoxins nor to advertising in medical journals, nor to literature distributed solely to physicians.)

Rule 5.—No article will be admitted or retained about which the manufacturer, or his agents, make false or misleading statements regarding the country of origin, raw material from which made, method of collection or preparation.

Rule 6.—No article will be admitted or retained about whose therapeutic value the manufacturer, or his agents, make unwarranted, exaggerated, or misleading statements.

Rule 7.—Labels on articles containing "heroic" or "poisonous" substances should show the amounts of each of such ingredients in a given quantity of the product.

Rule 8.—Every article should have a name or title indicative of its chemical composition or pharmaceutical character, in addition to its trade name, when such trade name is not sufficiently descriptive.

Rule 9.—If the name of an article is registered, or the label copyrighted, the date of registration should be furnished the council.

Rule 10.—If the article is patented—either process or product—the number and date of such patent or patents should be furnished. If patented in other countries, the name of each country in which patent is held should be supplied, together with the name under which the article is there registered.

The end which is aimed at by the Council is a most desirable one, and the CLINIC heartily endorses it. But as to the practical working of the method suggested it is as yet too early to express an opinion. Much depends upon the interpretation of the rules laid down and how they are applied. The charge is made that the Council may become a tool of certain manufacturing pharmacists who pirate every successful proprietary preparation and who flood the market with all kinds of imitations and substitutes. This we, for one, do not believe; but if this body is made the means for extracting from manufacturing houses their trade secrets, which are then gratuitously turned over to all comers, it is plain enough that it will defeat the very end at which it aims.

Thus far the extent and character of the data which will be required is hinted at rather than explained. We need more information on this point. A good deal depends upon the flexibility of the rules laid down and whether or not they are interpreted in an absolutely fair and impartial spirit and in such a way as not to destroy their practical value.



Leucorrhœa: Berberine combined with phosphoric acid and calcium, iron and manganese phosphates; nutritive tonic for weakly cases.

Leucorrhœa: Try anemonin and caulophyllin in your older patients; especially spasmodic and congestive.

On the other hand, a reliable source of information such as is suggested may be made most valuable both to the physician and the pharmacist. As pointed out in *N. A. R. D. Notes*, "Under the present regime of prescription writing the physician does not in many instances know *what* he is prescribing, the pharmacist does not know *what* he is dispensing, and the health and lives of the people are practically in the hands of the big manufacturing laboratory. This, in their opinion, is exalting the manufacturer's laboratory—a very useful, in fact, an indispensable, adjunct to medicine and pharmacy—far beyond its legitimate sphere and reducing the professions of medicine and pharmacy to vassalage, if not utter degradation."

The work is important! It should be done and done right. We want it done, but we are devoutly glad that it is not ours to do. The historical "labors of Hercules" pall before it.



CHOLERA INFANTUM.

At one of the recent conferences of the medical staff of the CLINIC, the question was raised: "Shall we make cholera infantum the special topic of our July number?" One of the physicians present settled the question adversely by this remark: "Cholera infantum? Why, there is no such thing any more. Since the CLINIC teachings have become widely known and generally adopted, this disease has become extinct." And this is practically true with those who have comprehended and intelligently applied the doctrines of the CLINIC, and its practice to clean out and disinfect the alimentary canal. But, it may be said, we



see these cases in consultation as occurring in the practice of physicians who have not adopted our methods. Nevertheless these lessons have been given so completely in former years that there is practically nothing left to say. Not a word remains.

The use of atropine hypodermically to quiet the pneumogastric when fearfully excited, and the stomach consequently too irritable to permit the slightest medication by that route, and when the patient is in collapse, the blood retreating from the brain—all this is such an old story. The use of proper evacuants, calomel, rhubarb, juglandin, saline laxative, and flushing the colon with antiseptic solutions, following with the intestinal antiseptics—why, my dear Doctor, this is like picking up the old primer from which we studied our A, B, C's in infancy.

But then again, how do we account for the fact that the summer complaints still supply a huge part of the summer mortality in the great cities? Well, Doctor, is it worth while to run after a man, to force a benefit on him which he does not want to accept? We have told these men over and over again these truths, and they deliberately shut their eyes, and turn back to the old worthless abominations that year after year have been tried and found wanting. You can't make a man see if he won't.

Harvey's great discovery of the circulation of the blood was not admitted by a single physician of England who had passed his forty-fifth year at the time this discovery was announced. Really when you come to think of it, there is a good deal to be said in favor of Osler's suggestion.

It is hard on the children, of course,

Leucorrhœa: Hydrastine is the remedy for fat and flabby women; sanguinarine for relaxed, anemic, amenorrhœic, sterile,

Leucorrhœa: If the flow is purulent try calcium sulphide. Do not forget possibility of gonorrhœa and treat right.

but you must just go ahead and save all those who come within your sphere of influence, and trust to the widening of that sphere of influence, through the efforts of your patients, who know and realize with gratitude the advantages of these new methods. Let this continue until the practice of your unbelieving colleagues has fallen into innocuous desuetude. There is always this resource for these gentlemen, that if they will not practise medicine on modern lines, and their patients have learned the advantages of these modern methods, these voluntarily blind and deaf folks can fall back on their wives' relations for support.

And this is all we have to say on the subject of that once terrible monster, that Moloch—cholera infantum.



BE ALWAYS PREPARED.

L. Buckle, Ph.G., M. D., of New York, writes in the *Critic and Guide*, for March upon the "Carelessly-written Prescription." In vivid colors he depicts the agony of the druggist who, behind the screen, struggles with the "hurry-up" prescription which has the p's, r's and l's all alike and dram signs so much like ounce symbols that only the man who made them could tell them apart. But, while this is of importance (to the poor dispenser) the damage which may ensue to the patient is of greater interest to the physician.

The author says: "Suppose the physician is called hastily to relieve severe dyspnea, or cyanosis, to check a hemorrhage, etc., and writes a prescription which is very hard to decipher, thus delaying the compounding, does he not de-

feat his own aim and cause perhaps untold harm to his patient?" Truly he *does*. But in such cases, what business has a doctor to write a prescription at all? Even though the drugstore be half a block away only; even though the prescription be copper-plate as regards its instructions, the time taken to write, send and compound it may mean *death* to the one who waits for relief. The doctor who is not prepared to answer an emergency call—to *meet an emergency anywhere at any time*—with immediate assistance from his own pocket-case or satchel, is not the right kind of man to practise modern medicine at all!

There was a time, it is true, when the physician had to depend upon the pharmacist for most of his remedies, but even then he carried his lancet and "let blood" and he usually had, too, in his possession, some portable "simple" which was supposed to give relief. The twentieth-century practitioner should not need to turn to the dispensing chemist with damaging frequency under any circumstances and should never need do so in *emergency* cases, for in one pocket he can carry enough positive alkaloidal remedies to meet almost any condition which can arise (let alone what he can carry in a small hand satchel). He can produce vomiting or arrest it; flood the capillaries and thus deplete a congested bleeding area; stimulate a failing heart; restore respiratory action—do, in fact, whatever needs to be done and do it all with the dozen or so remedies contained in a case not larger than a note-book. He has each dose ready to give *per os* or hypodermically as circumstances may demand, and he knows that each exhibition means so much effect upon



Leucorrhœa: Local treatment often of the utmost value; tampon soaked in glycerite of tannin, or ichthyol and glycerin.

Leucorrhœa: Gauze dusted with vaginal antiseptic powder and anointed with vaseline often effective.

the system and thus, without delay, calmly, surely and easily he controls a destiny!

That's the kind of a doctor needed in the year 1905!



AN ADVOCATE OF ALCOHOL, HELL'S SPECIAL "DOPE."

The Medical Brief for May quotes approvingly Wiley's advocacy of alcohol as a food, especially in tuberculosis. Lawrence says: "In moderation it (alcohol) unquestionably occupies a high place in therapeutics." "There are also times and cases where nothing else will do so much good."

Some years ago we published a challenge, in which we took the ground that there was not a solitary application of alcohol as a remedy for which there was not to be found a better one without its objectionable features, and that challenge stands yet unmet. Wiley and Lawrence mention tuberculosis as one affection in which alcohol is useful. Wiley is not a physician at all, and it has been many a year since Lawrence was active in practice, so that neither is a qualified judge of the matter. But is their contention well founded?

Alcohol, as taken into the system, does not act as a germicide against the tubercle bacillus, nor as an internal antiseptic, nor as one when eliminated through the lungs; it increases the vulnerability of the body to cold and other noxious influences; hinders elimination, and causes the hypertrophy of connective tissue that is manifested in cirrhosis of the stomach, liver and kidneys, and the fibroid tissue of the lungs. It interferes with digestion by precipitating pepsin from the gastric juice, and gives rise to



Leucorrhea: Good depleting suppositories excellent when local depletion is necessary; find local cause if possible.

a well-known group of digestive diseases. In the form of malt liquors it weakens the heart and causes fatty degeneration. As wine it causes gout and interstitial nephritis. As strong liquor it causes hepatic cirrhosis and ascites. Its value as a food is questioned, with the vast bulk of authority and belief against it, while its necessity or advisability as a food is not seriously claimed by any living being. Its frightful moral, mental and physical effects are not disputed.

If this substance is a merely possible, if questionable, substitute for other foods that are cheaper and better, and if its use is attended by such perils as to make it the greatest cause of disease, crime and death the world has ever seen, no one can sanely advocate it as a food. If it possesses no specific fitness to combat tuberculosis directly, if it relieves no one symptom of this malady as well as other drugs do, if its use does not protect the user against the assaults of the bacillus or delay its progress by rendering the tissues less vulnerable, but if on the contrary it is sure death to all the essential or functioning cells of the body, choking and destroying them by stimulating an overgrowth of the fibrous framework that is designed to sustain them in their proper places, what is there left with which the alleged remedy can be credited for good?

Verily, from our standpoint, and in the sentiment of the very highest authority, alcohol, whether dispensed as a "rum-remedy nostrum," or just as plain "fuddle" is hell's own dope. We have no good to say of it because we can see no good in it. To lead the patient to trust to the stimulating influence of this deluding agent in such a serious disease as tuberculosis is not simply a mistake—

Leucorrhea: If the trouble is intrauterine applications of euarol (euphrophen and aristol in oil) should be tried.

it is positively dangerous. Whether doctor or patient, sick or well, beware of "dope"!



ALKALOMETRY: ACTIVE-PRINCIPLE THERAPEUTICS.

WHAT IT IS.

1. The administration of small doses of the most active and potent known remedies (chiefly alkaloids and other active principles representing the majority of all the accepted vegetable remedies) at short intervals until either *remedial effect* or signs of *drug sufficiency*, the full physiological effect of the drug are apparent.

2. The exhibition of such doses in the form of tiny soluble granules or tablets—each containing a definite amount (usually gr. 1-134, 1-67, 1-6 or 1-3) of the drug.

3. The additional use of such solvents, eliminants, vital incitants and local and systemic antiseptics as have proven by extensive clinical test of considerable remedial value.

4. The freedom to use any and all remedial agents—always in the purest and most concentrated form available—that will produce definite results in a recognized condition.

5. The absolute avoidance of promiscuous formulas, problematical remedies, crude drugs (vegetable) and nauseous, changeable, alcoholic tinctures and fluid extracts when the active (remedial) principle of the drug can be given in its purity in effective well-established dose.

WHAT IT DOES.

1. It cures, where it is possible to cure, *cito, tuto et jucunde*. Its chemistry is done outside the sick body.



Leucorrhœa: Do not forget that leucorrhœa may be a symptom of severe local disease requiring most energetic treatment.

2. It gives the maximum obtainable results in the shortest possible time, with absolute safety and with no possibility of overdose, or cumulative effect.

3. It enables the practitioner to give the most potent medicines to the youngest infant or the most squeamish invalid without the aid of scales, measures or menstrea.

4. It enables the doctor to push a remedy *to effect* without wondering whether he has poisoned that particular patient in his effort to give enough.

5. It makes it possible for the practitioner to have always with him an emergency case filled with standard medications of unchangeable strength and consistency for acute cases and urgencies, thus enabling him to treat conditions when they most need treatment and when he can do the most good.

6. It enables the doctor to practise the most certain, safe and efficient method at a nominal cost.

7. It eliminates "chance" and, with perfectness of diagnosis and application, makes medicine "An Exact Science"—or as near that as it is possible to attain.

Doctor, you may have seen this before, but it is worth another look.



WHAT WE REPLACE.

We have frequently affirmed that the ordinary therapeutics of the medical schools is beneath contempt. We are not alone in this estimate, and below we give a few of the expressed views of leaders in the profession who have said the same thing in different words:

John Mason Good: The science of medicine is a barbarous jargon. My experience with *materia medica* has proved

Leucorrhœa: Never temporize in these cases. Examine locally in every instance and don't trust to "say so" of patient.

it the baseless fabric of a dream, its theory pernicious, and the way out of it the only interesting passage it contains. The effects of medicine on the human system are, in the highest degree, uncertain, except, indeed, that they have destroyed more lives than war, pestilence and famine combined.

Dr. Evans, F. R. C. P., London: The popular medical system is a most uncertain and unsatisfactory system. It has neither philosophy nor common sense to commend it to confidence.

Marshall Hall: Let us no longer wonder at the lamentable want of success which marks our practice, when there is scarcely a sound physiological principle among us.

Prof. Gregory: Gentlemen, ninety-nine out of every hundred medical facts are medical lies, and medical doctrines are, for the most part, stark, staring nonsense.

Dr. Eliphalet Kimball: There is a doctorcraft as well as priestcraft. Physicians have slain more than war. The public would be better off without professed physicians.

Valentine Mott: Of all sciences, medicine is the most uncertain.

Marshall Hall: Thousands are annually slaughtered in the quiet sickroom.

Sir Astley Cooper: The science of medicine is founded on conjecture and improved by murder.

H. C. Wood: What has clinical therapeutics established permanently? Scarcely anything.

Dr. Ramage, F. R. C. S., London: It cannot be denied that the present system of medicine is a burning shame to its professors—if indeed a series of vague and uncertain incongruities deserves to

be called by that name. How rarely do our medicines do good! How often do they make our patients really worse! I fearlessly assert that in most cases the sufferer would be safer without a physician than with one. I have seen enough of the malpractice of my professional brethren to warrant the strong language I employ.

Prof. A. H. Stevens: The older physicians grow, the more skeptical they become of the virtues of medicine, and the more they are disposed to trust to the powers of nature.

Dr. Talmage, F. R. C. S.: I fearlessly assert that in most cases our patients would be safer without a physician than with one.

Alonzo Clark: Every dose of medicine diminishes the patient's vitality. In their zeal to do good, physicians have done much harm. They have hurried thousands to the grave who would have recovered if left to nature.

Wakley (Lancet): A system of routine or empirical practice has grown up, vacillating, uncertain, and often pilotless, in the treatment of disease.

Horace Green: The confidence you have in medicine will be dissipated by experience in treating disease.

Dr. Cogswell (Boston): It is my firm belief that the prevailing mode of practice is productive of vastly more evil than good, and were it absolutely abolished, mankind would be infinitely the gainer.

Prof. B. F. Parker: Instead of investigating for themselves, medical men copy the errors of their predecessors, and have thus retarded the progress of medical science and perpetuated error.

Prof. Jamison (Edinburgh): Nine



There is not in print a book that is such a dollar-maker as Abbott's *Alkaloidal Digest*. Rich in hints. Free for asking.

Half the doctors of America have laughed over King's *Stories of a Country Doctor*. The other half can get it here.

times out of ten our miscalled remedies are absolutely injurious to our patients, suffering from diseases of whose real character and real cause we are most culpably ignorant.

Sir John Forbes, F. R. C. P., London, Physician to the Queen: No systematic or theoretical classification of diseases or therapeutic agents ever yet promulgated is true, or anything like truth, and none can be adopted as a safe guidance in practice.

Oliver Wendell Holmes: Mankind has been drugged to death, and the world would be better off if the contents of every apothecary shop were emptied into the sea, though the consequences to the fishes would be lamentable.

James Johnson, F. R. S.: I declare as my conscientious convictions, founded on long experience and reflection, that if there was not a single physician, surgeon, man-midwife, chemist, apothecary, druggist nor drug on the face of the earth, there would be less sickness and less mortality than now prevails.

Dr. Abercrombie, F. R. C. P., Edinburgh: Medicine has been called by philosophers the art of conjecturing the science of guessing.

Benj. Rush: The art of healing is like an unroofed temple—uncovered at the top and cracked at the foundation. I am incessantly led to make apology for the instability of the theories and practice of physic. Dissections daily convince us of our ignorance of disease, and cause us to blush at our prescriptions. What mischief have we not done under the belief of false facts and false theories? We have assisted in multiplying diseases; we have done more, we have increased their fatality.

Henle: Medical science at all times has been a medley of empirically-acquired facts and theoretical observations, and so it is likely to remain.

Magendie: Medicine is a great humbug. I know it is called a science—science, indeed! It is nothing like science. Doctors are mere empirics when they are not charlatans. We are as ignorant as man can be. Who knows anything in the world about medicine? I know nothing in the world about medicine, and I don't know anybody that does know anything about it. I hesitate not to declare, that so gross is our ignorance of the real nature of the physiological disorders, called disease, that it would perhaps be better to do nothing and resign the complaint we are called upon to treat to the resources of nature than to act, as we are frequently called upon to do, without knowing the why and the wherefore of our conduct and its obvious risk of hastening the end of the patient.

A. C. Bernays: Ninety-five out of every hundred patients who apply at a doctor's office to be treated would get well anyway, if left to nature.

These expressions could be extended indefinitely. Granting that some of them are the words of surgeons who knew little or nothing of therapeutics, and had a financial interest as competitors in detracting the physician, there remains a large substratum of truth in these views of the therapeutics of the day. And it is this mass of uncertain, inefficient and perilous practice that we are so earnestly combating, and seeking to replace with a materia medica founded on certain and uniform agents, whose uses have been determined by scientific experiment and



In American Alkalometry, Vol. I are 9 contributions on Sciatica; 7 each in Vols. III and IV. Of 23 suggestions some should be good.

Asthma: There are 12 reports in American Alkalometry Vol. I; and 19 in the other 3 volumes; 31 useful hints on that disease.

confirmed by clinical trials. Two obstacles confront us—the blind faith of those who believe in the older drugs and the skepticism of those who have discovered their worthlessness and refuse to believe there are better ones. The lowest and the highest layers of the profession are out of sympathy with us; the great middle 80 per cent who have detected the untrustworthy nature of the old and yet retain faith in the possibility of a better, are with us.

We had a letter from a medical student recently that would have “riled” us two decades ago; but as it was we smiled and thought what fun it would be to show him that letter ten years from now. Poor boy! What an awaking he will have when he gets into practice. We have been there ourselves and we sympathize with him.

The others are fully aware of the fatal defects in the usual practice, but refuse to believe it can be bettered. So many “new remedies” have been urged on them that have not justified the claims made for them, that pessimism has become confirmed—and as physicians these men are worthless. In the laboratories they have their uses, but unfortunately their lack of interest in practice—and of patients—leaves them too much surplus time and they enter the teaching corps. Here they inoculate their pupils with the virus of unbelief and do-nothingism, and strengthen the ramparts of wrong. Had we the billions of Standard Oil we would place each of these men—and that means nine-tenths of the college professors—in nice sinecures or really useful places where they would be so well paid that they would desert the ranks of medicine

altogether. This would clear the field for those who still have a glowing faith in their art, who love it and would not surrender the privilege of lessening the huge burden of human woe to occupy the throne of a Rockefeller. For there is no place in medicine for the pessimist. In the sickroom he is a disaster; his visit is a burden, his departure a relief. That one must die some time is known and felt by every human being; but it is an unspeakable comfort to know that a competent physician is fighting to keep you alive to the last possible moment; that you are not defrauded of a day by the ignorance or the indifference of the man you are paying to aid you. Give us the doctor who takes every chance in our favor, even if he is not sure of it and it is only a chance. We have no use for the unbeliever, who does not know if anything will be beneficial and does not take the trouble to find out.



THE ALKALOIDS IN VETERINARY PRACTICE.

The possession of what is known as “horse sense” has always been considered highly desirable in those who are intrusted with important affairs, among which the care of health is certainly not the least. The modern veterinary is as far removed from the old-fashioned “horse doctor” as the modern physician is from the old-time Thomsonian. The practicality distinguishing the horse doctor still characterizes the “Vet.” We find for instance, that he is well posted on the alkaloids. In a page advertisement in the *American Veterinary Review*, we find no less than fourteen alkaloids and glucosides, with three chemical reme-



Cholera Infantum is best treated in American Alkalometry Vol. I, which contains 12 papers; the three others add 21 more.

The richest of the nuclein literature is in American Alkalometry Vol. I, in 29 papers, but Vol. II adds 23 more; Vol. III has 6.

dies, comprising the outfit offered by the advertiser. These are all in hypodermic tablet form, and include, among others, arecoline, that powerful hypodermic cathartic to which we have endeavored to direct your attention with, as yet, not much success.

Among the articles offered in this journal is one upon the application of nuclein in veterinary practice. The writer has found nuclein a successful remedy for distemper in dogs, and also for horses with purpura hemorrhagica, pneumonia, and influenza. In fact, the results have been so good that in the writer's practice it has displaced all other forms of antitoxins and serums.



THE SECRET NOSTRUM QUESTION.

The lot of the nostrum vendors and secret-formula men is not to be envied just now. The journals are getting after them with sharp sticks and even where the editors forget to say something wholesome, though sharp, someone contributes an article which blisters, not alone the makers of the goods, but the men who use them. In the January issue of the *Los Angeles Medical Journal* an editorial appears regretting that the doctor has broken away from the old dignified way of prescribing single remedies for separate symptoms. It deplores the tendency to prescribe "Smith's Gullet-Gargle" or "Jones' Syrup of Spin-Span"—ridicules such remedies and practically calls shame upon those who by using them belittle their own intelligence. This article is but one of many we have noticed.

The *Medical and Surgical Monitor* contained a most telling article by Gronandyke entitled "A Protest Against Com-

mercial Therapeutics" which, while too long to quote, is well worth perusal. Still another writer speaks of "the large and steadily-growing class of preparations which are not alone subversive of good therapeutics but opposed to every ethical idea." This writer roasts, with no tepid pen, the physician who lets himself become an unpaid agent for the manufacturing pharmacist and who allows his brains to sleep (together with his conscience) while he pours into his patients just such slops as he is assured by the vendors are "good for" the complaint from which they happen to suffer.

It is allowed that there are certain well known and highly appreciated named preparations (some even proprietary) which are used by the profession without hesitation and as a matter of course. These are compounds which cannot easily be prescribed by the everyday doctor or compounded by the everyday druggist. What physician, for instance, could write offhand, the formula of Warburg's Tincture and what druggist could compound it if he did? The same is true with regard to the Compound Syrup of Hypophosphates and the various effervescent preparations of magnesia, soda, etc. Then there are the standard elixirs; it is eminently proper that reliable and reputable chemical houses should prepare these in bulk for, only so can they be made of even quality.

It is even an advantage to be able to obtain pills, tablets or triturates, of accepted formulæ, ready made, for experience has taught us that these when made extemporaneously are not uniform in strength or generally effective. The alkaloids for instance could hardly be carried in vials and measured at the bed-



For treatment of dropsies see American Alkalometry Vol. II, with 13 papers; with seven valuable ones in Vol. I.

American Alkalometry Vol. I has 14 papers on constipation, Vol. II has 15, and Vol. III but 3, best in Vol. I.

side, neither would it be safe to prescribe ten powders of aconitine, each to contain gr. 1-134. Mistakes would be too frequent and the resultant casualties would be too numerous to be pleasant.

But when it comes to commercial competition between Smith, Brown and Jones (each of whom is more or less unknown to the profession as a careful and conscientious chemist) who take it upon themselves to make tablets, pills, powders and peculiarly named elixirs or compounds which are pushed under the doctor's nose and stated to be *the best* remedies for this and that disease, then it becomes serious. When, too, each one of these men cuts his prices below those of his competitor and goes to the doctor with the statement that "my goods are the cheapest *and* the best" it becomes more than serious—it is disastrous. The doctor of today *must* dispense; his income is none too large and the monthly drug bill means everything. If then he is assured that Smith's goods will do the work at a less cost, isn't it natural for him to buy them? And when he finds the corner druggist hand in hand with his competitor or devoting more time to the sale of his own cough syrups and bug-busters than to the study and practice of pharmacy is it to be wondered at that he doesn't prescribe?

So, what with the agent, the advertisement in the medical journal and the dispense-my-own-goods druggist, the doctor is indeed in a tight place and is likely to get the ethpharmacal habit, *volens volens!* Once he gets to using Smith's elix. hydrangea comp., it is easy to try Brown's "hydrangine" which is cheaper and said to be even more effective. And it is easy then to swallow the absence of

an exact formula, if on the bottle appears "An Ethical Preparation of Hydrangea, Triticum Repens, Cohosh and Skunk Cabbage." That sounds all right doesn't it? And the doctor isn't even thinking of prescribing it; he's going to dispense it.

Once get this far and the rest is easy. Thompkins comes along and says *he* makes "only one high-grade tablet for curing dropsy". Williams offers a "highly-commended rheumatism remover" and Jackson appeals to the profession to save both its reputation and patients by exhibiting his "tubercle dispeller." There are always a gross of doctors ready to write glowing testimonials on the least provocation, and if poor Doctor A, who has seen every other physician use more or less ready-made stuff, reads, in the printed matter offered him, the endorsements of Drs. B, C, D, and E, is he not likely to try even these abominations? Of a surety he is!

Where is the remedy? The question is an easy one to ask; the answer, to many, hard to find. To us, it is easy as "A. B. C."

Drop fluids and compounds and learn to treat single symptoms with single remedies. Diagnose closely; treat the patient, not the names of diseases and give, there and then, enough small doses of the proper remedies to either do the work required or prove the necessity for a change of medicine.

Use always the best obtainable means to achieve a desired result and give only the most potent form of the drug you do use, exhibiting the minimum dose at short intervals till its remedial or physiological effect is apparent.

Study materia medica and therapeutics



Electricity: The first volume of American Alkalometry contains 16 papers, among them those of Prof. Neiswanger.

Croup: The papers are divided among all four volumes of American Alkalometry, the 3d containing 15, the 2d 11.

as you go along, taking time to read up on drug action and in three months you will discover that with half a dozen drugs in really active form you can do more absolute work than you could with a cupboard full of nostrums.

Stick to such old remedies as you have found efficient but don't be afraid to test something which appears to be better.

Don't believe every man who offers you something on which he makes a profit, and yet do not close your ears to the voice of discovery.

Finally, never give any patient a thing the composition of which is secret. It may be, and is necessary, sometimes, to call some preparation by a distinctive name but if it is worth giving, it will carry its qualitative formula with the strength of its principal ingredients, or at least the latter will be forthcoming upon request.

It is only fair to state that the pharmaceutical chemist has done much for the doctor—by whom, again, he exists—and it is only just that he should be allowed to make such profit as is proper and usual from his discoveries and improvements. Were there no reward there would be no effort. It may become necessary for him to protect himself—to withhold from competitors his exact methods and technic—and in this regard he should be supported by the doctor who reaps the benefit of his pharmacal skill and invested capital. But such a concern will always cheerfully tell the physician all that is essential as to what he is exhibiting and *there* is the crucial test. Use such remedies as appeal to your common and medical sense—the *best* only, giving preference always to positive and unchangeable forms of drugs and *discard from your list any and every preparation which*

does not reveal its composition or the essential formula of which you do not or cannot know.

Alkalometry, seems to us, solves the problem. Test it and see.



FORTUNATELY IT ISN'T SO.

A writer in the February issue of *Southern Medicine and Surgery* has an article upon The Treatment of Lobar Pneumonia, and therein he states that "there is an insufficient appreciation of the very considerable variations in the duration of this disease." He has seen, he says, "at least three cases with chill, high fever and rapid respiration on the first day; marked physical signs on the second and rapid crisis and recovery on the third day; also, a large number of four- and five-day cases and a proportion in which termination (by crisis or lysis) was postponed till the twelfth day." "Therefore," he concludes, "as it is quite impossible to foretell the probable duration of the individual case, that the claims of certain enthusiastic observers, who *profess* to have *aborted* the disease, must, perforce, receive the Scotch verdict, 'not proven'."

Must they? Why? Because this writer has made some "observations" does it necessarily follow that those of other experienced practitioners shall go for naught? Because some few are three- or four-day cases does that alter the fact that lobar pneumonia has, as a rule, a definite course; or does that fact prevent men who are constantly treating cases of pneumonia from recognizing the symptoms which mean a severe invasion? And if, in such cases, by rational methods of elimination and systemic antiseptics these practitioners stay the course of



Cystitis: This topic was treated most freely in American Alkalometry, Vol. I in nine papers; the others have 14 more.

Diabetes: For this see American Alkalometry Vol. I and II; eight and seven papers; some very important; four in Vols. III and IV,

the disease, relieve the congestion, render the field unsuitable for germ propagation, and restore vital resistance, are their claims to be considered "not proven" when they modestly say they have "aborted the diseases"—meaning thereby that they have put an end to a pathological process and prevented the more serious and usual conditions from following?

If, to do something better than has hitherto been done is to render the doer open to the accusation of being "over-enthusiastic," (and, by inference, unreliable), it is a sad reflection upon the appreciative capacity of the Lights of the Profession. But then there were those who ridiculed anesthesia and there are yet some who "sniff" at the idea of using alkaloids other than quinine, morphine and such others as are hallowed by tradition.



THE VALUE OF OBSERVATION AND RESULANT ACTION.

I was reading the other night in one of Elbert Hubbard's little books, of how Copernicus, looking out of his window at night, watching the whole procession of the starry host pass over his head, conceived the idea that perhaps the world was round and revolved upon an axis of its own. This observation led to the conception of the universe which we now hold and went squarely counter to the teaching of the astronomers of the day. They thought that the world was the center of the universe, that the earth was flat, and that the stars were the light of heaven shining through peek holes in the terrestrial dome. The testimony of the senses, popular prejudice, the whole weight of science and the authority of

the church all supported this view, and in spite of Galileo's telescope his statements were laughed at and branded as heretical. But Galileo observed the phenomena that others only looked at and knew that he spoke truth—and now every one knows it.

Galvani, while preparing a dainty dish for his invalid wife from some frogs' legs, observed that when these were brought into contact with certain metallic strips they were made to contract violently. From this observation he deduced the great truths of galvanic electricity. Watts noticed the expansive force of steam—and built the steam engine. Jenner discovered that some of the milkmaids of his vicinity escaped the smallpox, and that these girls had sores on their hands which they had caught from their cows. This led to vaccination.

So it is that every discovery has been made by men who observe things. It is not that they have keener powers of sight, or necessarily more of insight, but because they try to understand the things which they see, and then put their forces to work to deduce results. As a matter of fact, if one wishes to excel in anything he must see more and understand better—use his senses and apply them. A traveling salesman while visiting one of the Government pension offices not long ago noticed that the pension coupons were torn off by hand and that this work required the employment of a number of girls for several days each month. He brought this to the attention of his firm, showed them that one of the paper cutters they sold would do the work in a fraction of the time, and now they have been adopted and are in use in nearly every office of the kind in the country.



Diphtheria: See American Alkalometry Vol. I, 16 articles; the other volumes add 10, 6 and 7 respectively; all valuable.

Dyspepsia: The material is scattered through American Alkalometry, but Vol. II has eight papers. Consult the Indices.

The value of this machine was apparent at once, but no one had ever thought of it before.

A man who succeeds in business must have this power of observation highly developed. He must watch the movements of the industrial machine, must know at once if anything is going wrong and then put his finger on the spot. The same necessity for careful observation exists in medicine. Is there a disturbance of function? First train yourself to see it—to see what the other doctor overlooks, and then get at *the why*. If you can do this quickly and accurately there is no question as to your success, provided you have your share of common-sense. While not every doctor can become a Jenner or a Harvey, every one can train his powers of observation to such an extent, that he will contribute at least something to professional knowledge. Too many of us go through life with our eyes shut, merely because we do not take the trouble to open our eyes and see. Imperfect observation is often merely contempt for detail. Too many of us are led to feel that the little things are not worth while. Don't believe this. If a fact or a fancy flies your way get out your net and capture it. It may and very likely is an old and common specimen; but it may be the rare variety that holds the key to some scientific mystery; and yours will be the glory, or at least a part of it, if it is solved. Had the idea-net not been used where would active-principle therapy been today?—not harnessed for use as it now is by any means.

So, Doctor, get in the habit of studying your cases, of noting down every symptom; then try to interpret these symptoms. Write them up for the CLINIC, for composition serves wonder-

fully to clarify one's thoughts while it may be a great help to the other fellow. And don't forget the application: the chief object of the physician is to heal the sick or to relieve their suffering. Can you put your new ideas to this application? Isn't it worth while to try? Try it! Do it! And then tell the CLINIC family about it.



A GREAT MISTAKE: ARE YOU MAKING IT?

The necessity for eternal vigilance, on the part of the doctor, in dispensing or suggesting medicines to the laity is continually and forcefully demonstrated by the letters manufacturing pharmacists receive from laymen, asking for some drug or preparation for their own or their friends' use. One man recently wrote: "I seen a bottle with the name hydrastinine on it which was given for stopping the monthlies when they was too bad. I hear this is a sure cure for such and I want you to tell me the price and I will buy some." Another man wrote that his doctor gave him a certain preparation for his rheumatism; it cured him, and now he wants some more for a friend "who has the same trouble."

In the first place hydrastinine had evidently done good service in a case of uterine hemorrhage and the physician in the above instance thoughtlessly allowed the people in attendance on the case to learn what the effective drug was. As a result, hydrastinine is "passed along" by them as an infallible remedy for excessive menstruation—which it is not—and, instead of going to a doctor, these deluded people would buy the drug and



Eczema: This reaches its acme in Vol. II American Alkalometry with sixteen papers, but Vol. I has seven extra good ones.

Epilepsy: American Alkalometry Vol. II has 25 papers but all four volumes have matter too important to overlook.

give (or take) it without a thought as to possible bad consequences.

The other man who wanted the "rheumatic cure," derived the benefit which was desired, under his doctor's directions. His knowledge (unfortunate for the doctor) of the chief means employed in his case, make it unlikely that he will again pay a doctor's fee for prescribing for his rheumatic troubles. Moreover, he will prescribe for his friends, whether they really need the same remedy or not, and thus rob some other practitioner of his due, all securing their medicines through the drug trade.

The doctor, whether he dispenses or prescribes, *should never reveal the name of his remedy*. All labels should be removed from containers before giving them out, and it is very poor policy to say to a man: "Go to the drugstore and get a bottle or a can of so-and-so." Write a prescription and don't injure yourself and others.

That many people will try hard to "beat the doctor" is evident from another communication recently received by a manufacturer. A lady wrote asking what it would cost to analyze some granules which her doctor had given her. There were two kinds, white and grey. If they "found out what they were, how much would they cost by the thousand?" It developed that the combination (a very common and effective one) had done her much good, and she thought of selling the remedies on "her own hook" as a sovereign cure for such disorders. Of course the granules were not identified!

Doctor, this is one of the very worst mistakes you can make. Keep your professional knowledge (your capital) to

yourself and get the benefit of it. It is justly yours, and yours alone. The average doctor gives away enough, as it is, anyway.

Your blunders of the above kind and character, and the results of your careless thoughtlessness, are safe in the hands of those manufacturers who do not sell to the laity—always referring them back to "their doctor." But, you might not be so fortunate—always; hence our timely warning: "Brother, watch out!"



ALL ABOARD FOR PORTLAND.

Every good doctor should have at least one distinct social purpose, and especially when it is directly in line with his personal interests, viz., to be an active, live, working member of his local society and also of our great national organization, and then, so far as possible, setting minor things aside, he should go to the stated meetings of each one.

As a profession we sacrifice too much to the routine of our daily life and do too little for ourselves and our profession socially.

The important thing before us right now is the meeting of the American Medical Association to be held at Portland, Oregon, July 11 to 16. It is our bounden duty to have the largest possible representation. Outside of our duty to ourselves and our profession, the trip, the city, the exposition, and all pertaining to the opportunity, present many attractions, the courtesies extended by the great transportation lines in low rates, direct service, etc., being not among the least. Of this all data may be obtained of your local agent and all special data as to the meeting, of the *Journal of the*



Epilepsy: Brewer's and French's remarkable papers on epilepsy are published in *American Alkalometry*, all four volumes.

Influenza: The second volume of *American Alkalometry* contains 15 papers on this; the others 10, 9 and 2; get the second.

American Medical Association, Chicago; while as to hotel accommodations, we quote the following from the *Journal* of April 29:

Portland is well supplied with hotel accommodations; but on account of the great number of people who will attend the Lewis and Clark Fair it would be well for all intending visitors to secure rooms in advance through the Committee of Arrangements. The committee having this in hand expect to secure rooms sufficient to meet all requirements of our visitors and by an organized messenger service to be able to locate them promptly on arrival. Rates will probably be a slight advance on ordinary charges, but we intend to see that they are not excessive in any case. Address all communications to Dr. K. A. J. Mackenzie, chairman of the Committee of Arrangements, Portland, Ore.

The Chicago contingent of the CLINIC family go on the "Chicago Medical Society Special," leaving Chicago the evening of July 6 over the C., M. & St. P. railroad, arriving in St. Paul July 7, leaving there over the Northern Pacific and arriving in Portland Monday morning, July 10.

While all routes are good none are better than this, none give better service, and none show you more of interest on the way. Special arrangements may be made for home coming by enough routes to satisfy all desires in that direction.

Brace up, brother! Do something for yourself! Let's all go to Portland.



ATROPINE IN INTESTINAL OBSTRUCTIONS.

Dyattschenko pronounced atropine inefficacious or dangerous in intussusception and volvulus, with little effect in dynamic ileus, especially with complete



Malaria: The fourth volume of *American Alkalometry* is the one to consult, containing 28 articles, of considerable value.

paralysis of a portion of the bowel; and only indicated in connection with electricity, massage, etc.

Le Grix found this failure not surprising under the incompleteness of the treatment employed. When atropine and strychnine are administered together marvelous effects are attained in treating the different forms of internal strangulation.

When spasm of the bowel is present atropine will unlock this spasm; if there is paralysis, strychnine will restore the fibers to tonicity; if both are present, both remedies are indicated. But if the obstruction be not due to either of these conditions neither remedy will give relief. Some day in the sweet by and bye doctors will possibly learn to prescribe for the pathologic states present and not for the titles of disease.



NEPHRITIS NOT BRIGHT'S DISEASE

In the July CLINIC we promise our readers an intensely interesting study by Dr. Croftan on the subject of Bright's disease; showing what it is, its causation, and what it isn't and the reason why. We promise this, first, because we know Dr. Croftan and his abilities; second, because we have had the pleasure of listening, at a meeting of the Chicago Academy of Medicine, to an outline of his studies on this subject, and we are looking forward to great enjoyment and profit from his completed article, which he has promised to the CLINIC.

Diseases of the kidney are better understood now than ever before and there is no reason why they should not be better treated. We believe Dr. Croftan's investigations will help to this end.

Malaria: *American Alkalometry* Vols. II, III and I contain respectively 21, 19 and 16 papers; many on hematuria.

GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

JUGLANDIN.

DR. J. ROUSSEL devotes quite a long article in *Medicine Hypodermique*, first quarterly of 1903, to the remarkable work of Dr. Tetau, which was published in the *Bulletin General de Therapeutique* under the title *Contribution a l'etude du traitement preventif et curatif de la phthisie pulmonaire par modification du terrain de predisposition*. From the number of notes accompanying that article, I select the following, the tenor of which is striking from its almost entire ignorance of a remedy which is, on the contrary, in great honor in dosimetric (alkalometric) medicine.

"It is in the extract from the leaves of the walnut tree," says Dr. J. Roussel, "that Dr. Luton, a distinguished professor of the school at Rheims, and author of some interesting therapeutic discoveries, found the most powerful aid against pulmonary and miliary tuberculosis. The effects of this preparation, he writes, are admirable; the fever is allayed, the tongue is cleaned, the appetite returns, and, in a word, the patient is born again to life. All the functions which were either suspended or perverted take on their habitual course. In the chest things improve from moment to moment; dyspnea ceases, pulmonary obstructions are dissipated, the rales become free and hurried, expectoration is without pain and ceases altogether. "Let us add," says Dr. Roussel, "to be just, that it was the work of Dr. Negrier

of Angiers, on the medicament in question (*Archives generales de medicine*, 1841-1844) that drew the attention of the learned profession of Rheims to it, only that the former never thought of treating anything else but strumous affections with that remedy, while the latter attacked with it the more formidable tuberculosis. We have, therefore, incontestable medical authority to conclude, that a dose of three, four or six grains daily of the extract of walnut is a most powerful remedy against chronic bronchitis."

From the above it is quite evident that Dr. Roussel, as well as our other confreres elsewhere, is totally ignorant of the experience of the dosimetric school with this juglandin, the active principle of the royal walnut (*Juglans regia*, *Juglandaceæ*).

Juglandin physiologically activates the appetite, favors digestion, while it is at the same time astringent and tonic. It is on this account that it is therapeutically indicated in the treatment of dyscrasic dyspepsias, scrofula and tuberculosis.

Juglandin is administered in dosimetry (alkalometry) in milligram granules (gr. 1-67) ten to twenty a day, or in centigram (gr. 1-6) granules one to two a day. In tuberculosis dosimetrists (alkalometrists) prescribe this agent. Now what are the reconstituent modifiers which they prescribe when finding themselves in the presence of that terrible disease? There are the granules of cal-

cium hypophosphite, glycerophosphate of iron, glycerophosphate of lime, and juglandin. Then also helenin, iodoform, and calcium sulphide. Run through the works of the founder of the dosimetric school or those of his prominent disciples, Drs. Van Renterghem, Laura, Oliviera, Castro, Ferran, etc., and you will find invariably that juglandin is recommended as an antitubercle reconstructive. Dr. Ferran especially praises it as highly as Dr. Luton, considering it an excellent remedy in that disease, which keeps the medical profession at present full of solicitude the world over. I myself have used it the last fifteen years and was always glad that I had adopted it.

The effects noticed by Dr. Luton I have often observed in my patients, and with patience and time I always had perfectly satisfactory results. I agree with what Dr. Negrier says in his lucid memoir on the "Employment of the Walnut Preparation in all Scrofulous Affections at all Stages," that one must have courage to persevere month after month, and even a whole year, to gain good results.

Dr. Luton made use of an extract made from the dried leaves of the walnut. He prescribes it either in a mucilaginous potion of one to five grams (gr. 15 to 75) a day or in the form of pills made of the extract together with the powdered walnut leaves, each pill containing thirty centigrams (gr. 5), one to four of them a day.

Keeping faithfully to the principles of our school I prefer the granules of juglandin to the extract of the walnut leaves, and I advise my patients to take one or two centigram (gr. 1-6) granules of

juglandin daily, and at the same time the compound antidiathetic granules, and all of these with an infusion of the dried walnut leaves. (This compound granule consists of strychnine arsenate, $\frac{1}{2}$ milligram, helenin 1 centigr., and tannin 1 centig.) Rabuteau says that this infusion is almost as agreeable as tea, a fact of which many are ignorant. My patients feel themselves well in every respect, under this procedure of mine.

It will be seen that the utilization of the physiologic and therapeutic properties of the dried leaves, or bark of the walnut tree in an organism tainted with scrofula or tuberculosis is not so rare as it would seem from what Dr. J. Roussel says. Dosimetrists (alkalometrists) make extensive use of it. I will add that it is a traditional remedy retained in many families, notably so in Southern France. I speak of that region because I know what is going on there, having been born there and having lived there up to my twentieth year.

The mothers of that region make their scrofulous or simply lymphatic children take a decoction of the dried walnut leaves every morning for months. Personally I had to submit in my early infancy to this prophylactic measure, and I certainly profited by it in common with my little comrades.

I take advantage, therefore, of the occasion offered by Dr. J. Roussel, to urge a new juglandin upon the attention of those of my dosimetric (alkalometric) confreres who have lost sight of the remedy. I hope they will believe me. In juglandin, employed concurrently with the antidiathetic granules, and a hygienodiatetic regimen, and continued, if necessary, for many months, they will find a



Leucorrhœa: Barosmin, myrrhic acid, myrtol, thymol, eucalyptol and balsams and aromatics check mucous secretions.

Leucorrhœa: Ergotin and berberine have a tonic effect upon the genital tract; cause modification of flow.

powerful aid in combating a disease against which the practitioner feels himself absolutely disarmed, but wrongly so. And I repeat it to them with Dr. Negrier that they should not be discouraged, but persevere a long time, a very long time, and get final success at this price. "Genius is made of patience," said a deep thinker, and the same may be said of the cure of tuberculosis.

If compared with other remedies, even the most reputable ones, juglandin should seem to act more slowly, it has at least this advantage over them, that when used together with other appropriate remedies, juglandin acts surely. Let us not, therefore, demand of it what it cannot give, but let us know how to allow it all the time it needs to procure for us the certain benefits it can.—Dr. Albert Salivas, in *La Dosimetrie*, March, 1903.



AN IMPROVED MODE OF OXYGEN INHALATION.

Dr. Fleischer, of Wien-Hietzing, Austria, has no doubt of the efficiency of oxygen inhalation in all stenoses of the upper air passages, as well as in capillary bronchitis, croupous, and lobular pneumonia, especially during infancy and childhood. Dr. Fleischer came upon the happy thought of administering the oxygen by way of one nostril and allowing the entrance of common air by the other nostril. He had a perforated pear-shaped olive point made of ivory or rubber, fitted to the nostril, and attached to the proximal end of the tube leading from the oxygen container, and by this introduced the gas directly into the nose instead of into the mouth by funnel and mask. The doctor used this new ar-

range in two cases with the most happy effects. In one case, that of an infant at the breast, it continued nursing uninterruptedly while the gas was administered.—*Wiener Med. Wochens.*, number 7, p. 322, 1905.



CYPRESS OIL IN WHOOPING-COUGH.

This oil is obtained by dry distillation of the leaves and young twigs of the *Cypressus sempervirens*. Prof. Soltman, from the experience he had with the remedy in his clinic, recommended it long ago, but like many another remedy it was neglected and forgotten. He calls attention again to it in the *Therapie der Gegenwart*, No. 3 (*Zentralbl. f. inn. Med.*, No. 23, 1904). This oil is used by sprinkling on the bed clothing, pillows and the patient's linen four times a day of an alcoholic solution (1 to 5) ten to fifteen grams (dr. 2 1-2 to 3, min. 45). At times it may become necessary to repeat the sprinkling twice during the night. The only drawback to this remedy is that it leaves a permanent stain upon the linen.

From the experiments with the remedy it results, that in all cases of whooping cough the number of paroxysms are promptly and rapidly reduced; their intensity weakened; their duration shortened; the quiet intervals between them prolonged; their after-effects avoided, and the disease itself cured in some cases. Unpleasant effects on either the gastrointestinal and respiratory tracts, nervous system, heart, or kidneys there are none to be observed. On the contrary, the remedy weakens all complications arising from those organs, or pre-



Leucorrhea: Arbutin, eupurpurin and helonin are other remedies which have been found useful in this condition.

Leucorrhea: Try iron iodide in your anemic, debilitated cases; iron for anemia, iodine for alterative.

vents their appearance, and in this way changes the entire course of the disease into a mild one. This is especially observable in the absence of choking and vomiting, or stopping these symptoms when they have appeared; phenomena of suffocation and cyanosis of the face become slight only, and epistaxis and ecchymoses no longer occur. Specially worthy of notice is the fact that, compared with previous observations, the children under this treatment looked always fresh, and could be dismissed in a well-nourished condition.—*N. Y. Med. Monats.*, August, 1904.

Epithelial Changes in the Senile Female Mammary Gland.—Dr. Tietze demonstrated this on plates and by microscopic preparations, to the Convention of Naturalists and Physicians at Breslau in 1904, showing that there are in such breasts cystadenoma and carcinoma-like changes. He found similar changes in the neighborhood of actual mammary carcinoma, which changes are often met with, but are designated as irritation phenomena, which does not explain.—*Wiener Med. Wochenschr.*, p. 332, 1905.

In two cases of ascites, in one from cirrhosis of the liver, and in the other from mitral insufficiency, Achard brought about the disappearance of the fluid by instituting a chloride-free regime. This regime may obviate or postpone the necessity of tapping. On the reduction of the chlorides in the diet to a minimum, there is also a diminution of them in the ascitic fluid. Achard uses after the reduction of the diet chlorides, diaphoretics,

laxatives and puncture, in cardiac, renal, and hepatic cases, especially when edema, or ascites begin to be manifest.

Small quantities of alcohol in the blood was constantly found by Jolly, originating from the blood sugar oxidized by the red-blood corpuscles. Part of this alcohol is said to be farther reduced to nitric acid.—*Wien. Med. Wochenschr.*, No. 34, pp. 1,587, 1889, 1904.

Dr. A. Velich of Prague accedes to Koch's view that typhoid fever cases should be isolated, and the epidemic of the disease thus suppressed. Velich based his view on the experience he had in postmortems of persons who died of other diseases than typhoid, or who died suddenly, in thirty-six of whom he accidentally found the lesions of typhoid fever. At any rate the usual prophylactic measures, wherever there is a typhoid case, should not be relaxed.—*Wien Med. Wochenschr.* No. 33, p. 1552, 1904.

Arteriosclerosis, demands, according to Huchart, hygienic measures, such as milk and vegetable diet, massage, muscular exercises and baths; of medicines those that reduce the blood pressure, as the nitrites, nitroglycerin, amyl nitrite, and potassium iodide, are advisable when the arteriosclerosis is already manifest.

Gautier demonstrated arsenic in the menstrual blood. The arsenic of the hair is excreted in that way by females, while in males it is gotten rid of by cutting the hair. Small amounts of arsenic are found also in fish-flesh, 0.6—2.5 in 100 weights.

Leucorrhœa: Helenin is an excellent remedy in cases due to catarrhal endometritis—a large percentage of cases.

Leucorrhœa: Where discharge is not controlled by remedies, local treatment or curettment may be indicated.

MISCELLANEOUS ARTICLES

GLONIN IN LABOR.

DURING the year 1894 I first became acquainted with the system of alkaloidal medication in the form of granules. (I have always found the granule a better preparation than the ordinary tablet). A brief experience with them clinically convinced me that this system of medication had many advantages over the old, besides its accuracy. What practising physician of any experience, but is aware of the fact that tinctures and fluid extracts vary in strength and therapeutic efficiency? They are fully convinced by evidence, that some fluid extracts of ergot are twenty times as strong as others; some of cannabis indica from two to thirty times as strong as others. But do these same physicians find that morphine, strychnine, quinine, digitalin, atropine, etc., vary in strength? Never! Reasoning thus we began to use the alkaloids in preference to other forms of medication.

From its first issue I became a subscriber to *THE ALKALOIDAL CLINIC*, my attention being called to it by the *Medical World*. In the *CLINIC* one of its contributors gave his experience with nitroglycerin as an energizer to a partially-inert uterus during labor. As I had found in my experience that most of these contributions had a practical value, and were not merely closet productions of literary theorists, I began to use nitroglycerin in cases of labor that seemed to require a uterine stimulant, and continued to use it whenever I could see an advantage in such stimulation.

My first confinement case this year more especially emphasized the value of this drug. I had been engaged to attend a lady some four months previously. She was a multipara, having given birth to three children. In each of these labors there was nothing of interest, except that each was prolonged beyond twenty-four hours, seemingly from inertia of the uterus. Twice after my engagement to attend the lady I was sent for on the supposition that she was in labor. Each time an examination gave indication of its commencement. At the third call (which was about 3 p. m.) on examination I decided, as her time was just expired, and the cervix was somewhat dilated, that labor had really commenced. From this time until 11 p. m. labor seemed to make little or no progress. The pains were small, frequent and of no force; we therefore commenced to administer nitroglycerin, one granule every hour. By sunrise next morning there was no longer any doubt of labor having set in. The child's head had engaged the superior strait, and from this time until its birth, labor progressed favorably until the child was born at 10 a. m. The placenta came away nicely, and there was a fine contraction of the uterus. The child weighed at birth eight and one-half pounds. The mother had an uneventful recovery and at this day both mother and child enjoy perfect health.

Now as all advances in medical knowledge are due to past clinical experience of ourselves or others, together with a

correct understanding of the history and nature of the different medical agents in use, and their adaptability to the ever varying morbid conditions presented to us for amelioration, therefore, a more thoughtful consideration and study of the different therapeutic agents at our disposal in the materia medica will result in more scientific and skilful treatment of our patients. In consequence, more faith will be placed in the regular practitioner and less resort be had to the quack and his nostrums.

If we examine the therapeutic action of the several drugs used in labor we find first: "That ergotin produces contraction of the arteries, not directly by stimulating the muscular fibers and therefore the vasomotor nerves as was formerly believed, but by decreasing the heart's action, by reducing the blood pressure, by filling the veins and depleting the arteries, and that by this means the blood in the uterus is diminished, and the anemia thus produced irritates this muscular organ and causes it to contract. This muscular contraction is similar to that which occurs in an animal that has bled to death. Ergotin should never be used during labor, *but only after the placenta has been expelled.*" [Italics mine, A. T. C.]

"If administered before expulsion of the placenta, uterine contraction may be so great as to make it very difficult to remove the retained mass." (Shaller.)

Now with regard to the action of glonoin on the uterus, Dr. Shaller has the following, viz. "A very common and severe pain, which is most frequently produced by congestion, is dysmenorrhea. The object of treatment in these cases is to relieve the uterine and ovarian congestion by diverting the blood to other

parts of the body, and this is accomplished by administering one granule of glonoin every half hour."

Now if the stimulation of the uterine muscular tissues is caused alike by ergotin and glonoin, both these stimulations being the result of a depletion of an unduly congested uterus, then we have a complete explanation of the action of glonoin, with the added advantage that there is not the same danger attending its use.

Now it may be that while the action of glonoin is similar, yet there is a difference. Dr. Shaller says: "Atropine and hysocamine are physiologically and therapeutically similar in their action, and may be used in the same class of diseases. Hyoscyamine has one decided advantage over atropine, in that it possesses greater hypnotic properties." It may be that glonoin while acting on an inert uterus in the same manner as ergotin, does not act with such spasmodic violence. Such appears to have been my experience clinically.

But, "as one swallow does not bring summer," so one recorded experience does not bring proof. We therefore call upon our brethren to give us their experiences, and so add to the common store of medical knowledge.

A. T. CUZNER.

Gilmore, Fla.

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Dr. Cuzner has made an observation that may prove of great value. Let us have reports on it, whether the results are good or bad. Also on the value of glonoin in resuscitating still-born infants. There are few remedies of such wide application in emergency practice as

In Volume II American Alkalometry are five considerations of hemorrhoids; full of useful, practical suggestions.

Hernia is considered in six papers in Vol. II American Alkalometry, and in four more in the third volume. All good.

glonoin. It is one of the things that every doctor should have at hand—in his pocket.—ED.



SOME QUESTIONS TO BE ANSWERED.

It has been a question in my mind whether atropine or belladonna is really indicated as a heart stimulant or tonic—whether it has a beneficial effect upon the nervousness, the dyspepsia, the cough, etc. There is no doubt but that it allays local irritation (genito-urinary, respiratory, etc.), but in our heart cases we have usually a general irritability or excitability, and isn't this increased rather than diminished by this drug if it is, as claimed, a cerebral excitant, or exhilarant? Again, while it may allay the cough which is frequently present, isn't this more than offset by its effect on the secretions, especially those of the bronchi and skin? We want an active skin, as often the kidneys are affected, too. Has hyoscyamine the same effect on the secretions, the skin? If it hasn't it would be preferable. Has atropine an effect to diminish the frequency of respiration?

The most satisfactory treatment for asthma I have ever used is a combination of potassium iodide, tr. belladonna and tr. lobelia. It has given me excellent results; still, I was never quite satisfied when considering theoretically the mode of action. The principal complaint of asthmatics is "the tightness of the chest and of the secretions."

To continue: As soon as the mucus loosens and is expectorated freely, relief is obtained. Now belladonna causes relaxation but doesn't it also check the

secretions—which is not wanted? But probably the final effect is the more important. (I know now that this is principally due to the spasm. Belladonna relaxes this and thus favors instead of preventing secretion—expectoration.)

Then it occurred to me that it might not be rational to continue the belladonna after the acute stage has passed—after relaxation has been obtained—with the other drugs used to prevent relapses or to influence chronic asthma. I have done so. Now wouldn't it be better to have free expectoration; but here again probably the antispasmodic effects overbalance the other (or possibly it does not interfere with expectoration). Oh, if we only had this fine differentiation—these precise indications, down to a science! It is too bad that the grand opportunities which many have are so badly neglected. It always does me good when I see another *truth*, another fact established. I have also thought of adding ammonium chloride and grindelia to this combination.

Now as to strychnine in combination with sedatives; where it is used as a stimulant or tonic, as in colics, delirium tremens, neurasthenia, etc. Strychnine increases the contractile power of the involuntary muscle; isn't it then apt to increase rather than diminish spasms when given with hyoscyamine, etc.? In nervous, restless, run-down neurasthenics where it is often employed as a tonic or bracer, isn't it apt to increase the restlessness, rather, or at least act against a sedative used at the same time? In delirium tremens where strychnine is usually employed I am sure it counteracts the effects of the chloral and bromides in obtaining the so-much-desired sleep.



In the second volume of American Alkalimetry are seven items on impotence and its treatment, worthy of reading.

Mucous colitis is specially considered in three items in American Alkalimetry, the second volume.

Recently, in discussing the treatment of pneumonia, our county society discussed at some length the digitalis and veratrum viride line of treatment. These two drugs are antagonistics, are antidotes to each other, still they are combined in the defervescent compound, also in the dosimetric trinity (against the aconitine). Will you please explain the rationale of these combinations in the light of facts? Oughtn't we rather combine synergists instead of antagonists?

We may say we get good results from the defervescent compound but are we sure that we get the best possible results? Would it not be better without the digitalin but with strychnine if any "guarding" is necessary? Why add veratrum viride to aconitine when both have a similar action? (Probably for the same reason that I am in the habit of adding pilocarpine to either the defervescent or dosimetric compounds.)

L. F. SCHMAUSS.

Mankato, Minn.

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In regard to atropine as a cerebral stimulant, it can not but increase irritability due to that condition. As a heart stimulant, however, it should be a useful adjuvant when cerebral anemia is present, indirectly aiding the heart by its effects on the cerebral centers. Its use in cardiac cases, therefore, demands a critical estimation of the condition present, and the indications are found in the cerebrum rather than in the heart itself.

You are undoubtedly correct as to its effect on the cough. It simply allays the spasmodic element and the benefit may or may not be offset by its effect on the secretions. In whooping-cough it is undoubtedly beneficial; in the dry cough

of beginning catarrhs we would say the application requires judgment. At the outset it is of undoubted value in aborting such attacks; but when the inflammation has gone beyond this condition, it must be injurious. In the latter stages, however, when bronchorrhea is present, it may do good or harm according as the sensibility of the affected region is in excess or is dulled.

Hyoscyamus sometimes gives atropine effects; at others hyoscine effects, the two being to some degree antagonistic, hence it is impossible to predicate anything as to its effects. Hyoscyamine cannot, I believe, be distinguished from atropine in its effects. Atropine tends to diminish the frequency of respiration when excited by any other cause than fever.

In asthma I would replace your prescription by iodoform, hyoscine and lobelin. The potash is objectionable since it is a convulsant toxic, and iodoform gives its beneficial effect more quickly and directly and has a local sedative action, as well when eliminated through the lungs. Hyoscine, I believe, as a rule, is better in asthma than atropine, but it depends on the condition. Asthma is now understood to be so frequently due to auto-toxemia that such powerful eliminants as lobelin are distinctly indicated and I am not surprised at your good results. In your prescription the atropine probably acts first in relaxing spasm, the eliminants coming later and sustaining the effect, lobelin also counteracting to some extent the drying effect of atropine, while increasing its antispasmodic action. Both atropine and hyoscine are exclusively remedies for the paroxysm. The other two are eliminants and wisely used in intervals.

If interested in nephritis, Bright's disease, see the second volume of American Alkalometry; in eight papers you should find value.

The various paralyses occupy sixteen articles in the second volume of American Alkalometry; see also convulsions, eclampsia.

I am glad to see that you appreciate the value in medicine of precise indications, but how can you possibly obtain them from the use of remedies which vary in composition, strength, effects and everything else. We are fully conscious that we have only scratched the surface of this field. Our greatest regret is the difficulty we experience in inducing the active practitioner to take up this work and make the careful observations needed to establish these truths. They will take our word for it and report the successful application of our ideas; but it is not disciples, nor followers that we want, but colaborers. We gather from every worthy source all the information we can get as to the effects of remedies, and present them for consideration. What we most want is for people to try the suggestions made and report to us in how far they are right and how far mistaken, the limitations, the exceptions, etc.; but this which would seem to be the easiest thing in the world for the general practitioner to do is precisely the most difficult thing to induce him to do.

As to strychnine, the reply to your question involves a study of the meaning of spasm. Spasm indicates not an increased strength by any means, but a loss of control over the spastic muscular fiber. The administration of strychnine, in exactly dose enough to restore the nervous control, will stop the spasm; whereas the administration of a toxic dose will cause spasm in its turn. How about spasms due to toxemia, such as epilepsy and eclampsia? The first indication here is undoubtedly elimination and there are better eliminants than strychnine, the most powerful and prompt probably being pilocarpine for quick action, and veratrine for prolonged effect. But we

must not forget that strychnine in physiologic dose not only confirms nerve control, but energizes the eliminant functions as well. The same reasoning applies to its use in neurasthenia, and it has already been shown that this drug is only useful in very moderate doses, while average doses tend to exhaust the feeble irritability and increase the malady; hence its use as a popular bracer, without the supervision of a physician who knows the drug, is doing an enormous amount of harm. In this condition such remedies as cypripedium are better.

I have promised myself an investigation of this group of agents, popularly known as "nervines," to ascertain wherein their precise action consists; but in popular terms we may say that they conserve nervous energy by subduing the tendency to premature explosions or discharges, which exhaust the supply. In fact they seem to close the leaks and allow an accumulation of nerve force; hence, while they may be termed sedatives the sedation is in the nature of economy of expenditure, with consequent accumulation of power. In delirium tremens strychnine may do good by sustaining a weak heart and by stimulating elimination, but while these are the two leading, if not the only indications for the treatment of this malady, I believe there are better eliminants.

I have already fully explained the combination of the vasomotor relaxants, acetonine and veratrine, and the vasomotor contractors, digitalin and strychnine in pneumonia and similar affections. When in any disease there is too much blood in the inflamed parts, there is too little blood in some other portion of the vascular system or in scientific terms, vasomotor paresis in one place is balanced by

Spasms, eleven papers in American Alkalometry, Vol. II; see also eclampsia, uremia, convulsions, epilepsy, hysteroepilepsy.

The important topic of syphilis receives special consideration in Vol. II, American Alkalometry; good paper in IV.

vasomotor spasm elsewhere. Now, just as a nerve cell takes up fat and phosphorus, a bone cell takes lime and a muscle cell takes iron, all circulating in the blood at the same time, so the parietic cells take up the toners and the spastic cells take up the relaxants, each cell taking what it needs to restore it to normal equilibrium. Whether we call what the cell takes up food or medicine, nature makes no distinction between the two.

We get the best possible results when these accurately-acting agents are prescribed with the best comprehension of the conditions present. Digitalin has perhaps the most sustained effect and in the form employed is better suited for a steady remedy than strychnine. You will observe that digitalin and aconitine are combined in both the formulas as the routine remedies indicates it in every case. Strychnine is added if asthenia is prominent; veratrine when sthenia is marked and the elimination is defective, for which it is better than aconitine; but the latter is preferable for routine use because it does not exert a local irritation upon the stomach, but rather the contrary; hence it prepares the way for veratrine.

Pilocarpine I never employ in combination, preferring to hold it as an eliminant, of tremendous power and quickness of action when the emergency arises to demand such a remedy. Besides the concentration of its action into a comparatively brief period renders it better suited for emergency than where sustained action is requisite.—Ed.



MEDICINAL THERAPEUTICS VS. SURGICAL MUTILATION.

For many years past surgery has been shamelessly mutilating the people who



Tobacco habit and poisoning: American Alkalometry, Vols. II (six papers); III and IV, valuable matter in each.

are led by surgeons (or so-called surgeons) to believe that they need operative work, or who are told that they will die without it, and, unfortunately too many take such pronunciamientos as gospel truth, and they part with their appendix, if male, or their generative organs as far as such viscera can be cut out, if females.

Some time ago I told a man eighty years old that castration might relieve his enlarged prostate, but he told me that he had not yet reached the "change of life" as a man, and he kept his testicles and his trouble till he died—which he did without any assistance from the prostatic difficulty—that simply was a bother—but he still went over the Styx with his reproductive arrangements, in what he felt to be good shape, even though to me they seemed somewhat atrophied.

Still, many men will submit to removal of the appendix under any ordinary colic, and the ripping goes merrily on with its phenomena of adhesions and other troubles demanding other laparotomies if the subject can stand the outlay after the operator has worked him for all he can put up, or if he can be led to believe that it is death or cut more.

For some months past my mail has been loaded with reprints on uterine surgery, and today come a couple of them, showing how the doctor has fixed about a thousand women by adding extra braces to her normal internal rigging which holds the uterus in what the doctor calls natural position.

Much twaddle is set forth about retroversions, anteversions, lateroverversions—and how a displacement backward will make the woman an invalid for life, although about seven out of ten have the

Fourteen topics on various ulcers and their treatment in Vol. II American Alkalometry; less in other volumes.

womb tilted backward most of the time without knowing it, and others have it lying frontward or to the starboard or port side, as the case may be, and no harm comes of this till some gynecologist gets his grip on, and then the circus begins.

The true pelvis holds the womb, ovaries, rectum, bladder, and some muscle and fat within it, and these things about fill it without crowding unless the rectum gets a load on, when the womb is shoved forward, or the bladder gets full, when the womb is shoved backward. When this overplus is let go naturally or through medicine, all returns to the proper place and all is serene unless the aforesaid specialist comes along—and then the most dreadful calamities are depicted if he can't get his suspensions, props, etc., in, and sooner than be a confirmed invalid she agrees and the poor woman learns what a real invalid is when she parts with all her cash and her generative apparatus so far as said apparatus can be parted with, even the question of danger being little considered as it should be by a reputable physician. It is "business" for the good of one party, and for the bad of the other; and this is no overdrawn picture, as any general practitioner of thirty years' practice knows, particularly if he is posted as he should be in the every-day diseases of women—that is, genito-urinary affections.

I do not, by any means, decry operative work in fibromas which threaten life. I do not say that uterine cysts which are beyond bearing through size and dangerous outlook should not be referred to the knife, but I do say that a wave—nay, a torrent of waves of surgical fanaticism have swept over the land for twen-

ty-five years past, and hundreds of men have spent every effort to catch unwary women, and their unwary physicians for unbridled abdominal surgery without regard to consequences beyond their getting rich through fees which no reputable man should charge a patient—fees running into thousands of dollars for half an hour's work—the operator never seeing the woman again, and caring nothing about her subsequent condition other than making a fuss over it if she got well, and keeping quiet if she died.

The thousands of curettings; uni- and bilateral sections of the womb by some men, and the subsequent sewing of these slashes up by others is beyond computation, and now this fad is out of date, to be succeeded by some other work. The ovariectomies on women whose ovaries were perfectly sound is incredible—such work was, for years, held to be proper for nervous difficulties, but this, also, is probably dying out for lack of female fools to operate on.

Opening the abdomen is done with no care for the woman, often just to see what is in there; the so-called "exploratory" section is unjustifiable unless we have no doubt of disease requiring surgical intervention. Antiseptic progress makes such sections safe as compared with what they were many years ago, but that does not make laparotomies proper without the almost certainty that something needs removal.

I have seen sections which were needless, and know that some of the victims died from the mutilation. One woman had her ovaries (which were quite sound) ablated, because her temperature ran up to 103° F. the night previous in a hospital for women. She might have escaped if in an ordinary hospital where



The maladies embraced under uricacidemia are treated best in the second volume of American Alkalometry.

Alcohol, uses and habit, receive special consideration in the third volume of American Alkalometry; fifteen articles.

the staff did not slash the bellies of their patients as a rule—not as an exception. She died, probably from typhoid doing the heating, and the doctor the cutting.

Doing my own surgery all my life I don't care for the sneers of those who condemn a physician who does no operative work—and my success so far as my clientage goes is open to study, and I am not ashamed of it. I have no regrets as to failure, and many of the women saved from surgery are now well without it. Alkaloidal medication offers a splendid field for treatment of many instances of pelvic trouble in females which under ordinary conditions are unfairly and stupidly referred to surgeons who at once go for the knife.

There are many real appendicitis cases—but there are ten so-called which are not such; out of a dozen real instances half can be cured by medical treatment, but surgeons rush in for removal in every suppositious instance, and many deaths occur from indefensible operations on this awful organ which threatens to kill the world at large, if not hacked out when the baby comes into this scene of future tribulations.

I once had a doctor ask me if "electricity had a selective power. Can it go to some special organ—and act only on that one?" To that query I replied: "Yes, and it is accomplished by directing the current exactly to the organ which needs the treatment—then it goes there, and nowhere else, while medicine in the form of drugs saturates the whole system when we only care to get results at a particular point."

Then he asked me this "cornerer," as he called it, saying, "Well, I don't know about that, but you can't get around

this! Has any medicine the power to act just on an organ without acting just as forcibly on every other one in the body?" When I replied "Yes," he was astonished.

I named ergot, digitalis and one or two others, and I guess he never before thought of this: many drugs do have a real selective action—they go for the organs we desire to stimulate or sedate, and although the entire blood current is acted upon the resultant action is precisely what we want. Viburnum, ergot, and the like act on the generative organs, digitalis and strophanthus act on the heart, and calcidin acts on the membranous exudation in croup. There is no getting out of that proposition whether or not the man wants to cut and slash instead of giving the *vis medicatrix nature* a show, aided by the special stimulant or sedative, as the case may be which demands our knowledge for the benefit of the woman, and not for the doctor's pocket-book.

Alkaloidal medication has its great hold just here—we can, assuredly and thoroughly act right where we wish to act, and save important organs which too often are sacrificed by undue surgery.

W. R. D. BLACKWOOD.

Philadelphia, Pa.



ERYSIPELAS—THE LOGICAL WAY TO TREAT IT.

There must be a solution of continuity of the skin, to lead to infection. There must be the living presence of streptococci to start the infective process. There must, also, be an abnormal condition of the fluids and tissues of the part of the living body to be affected—a good culture medium. Neither the wound nor the streptococci, nor their congeners will de-



Two good articles on alcohol appear in each number of American Alkalometry, the first, second and fourth volumes.

Eight reports on various forms of poisoning appear in American Alkalometry, Vol. III; and three in the fourth volume.

termine the onset of this disease. But the culture medium must be right to successfully establish the disease in any given case. The germ is aerobic, propagating only in the presence of atmospheric air and light. The indications for treatment are now patent.

Correct the temporary abnormality of the fluids and tissues of the body and exclude air and light from the inflammatory area. This is but the imitation of nature, as seen in a case of facial erysipelas on the fourth day of the disease, when the face is dark red, swollen and boggy—the interstices of the tissue involved being filled up with a redundancy of red and white blood corpuscles and the by-products of their destruction in the progress of the disease. The dead germs are there also with their by-products—the toxicity of which depends on the culture medium. This condition of the skin excludes the air and light from the now active agents in the infectious process. The fever and its resultant depletion of the ordinary case of erysipelas, modifies the fluids of the body and deteriorates the condition as a good culture medium, hence the adage, “nine days’ fever.” When nature is unable to correct the depraved tissues and fluids, medicine must be administered and local soothing applications made use of.

Topical use of antiseptics is useful if they are not too strong, but are not necessary. The proper use of epsom salt supplemented with successful exclusion of air and light will abort all within the first five days.

The more we learn the simpler we get; quinine instead of bark; starch for stiffening instead of potatoes; aconitine instead of the lance; apomorphine instead of mustard water; glonoin and atropine

instead of whisky; diplomacy instead of expensive wars; Christian teaching instead of “the club.”

JAS. BURKE.

Sherwood, Wis.

—:o:—

This is logical—good, plain common-sense. While personally our preference is for ichthyol as a local application in this disease, we have always found colloidion an excellent thing; ichthyol-colloidion should be ideal. In sthenic cases we pin our faith to pilocarpine, not forgetting to stick to the cardinal alkalometric principles of free elimination, systemic support, etc. A fuller discussion of this subject will be found in volume three of American Alkalometry and by the way, every doctor should have a full set of these valuable books.—ED.



THINGS THAT WE DON'T KNOW.

It is useless for a man to expect to know everything—it is in fact useless to *attempt* to know everything—here or hereafter. Of the laws and operations of Nature even we know very little, and that little may be a harm to us. Still, the limitations under which we find ourselves working may be of great use to us, if we make use of them. “For our light affliction, which is for the moment, worketh for us more and more exceedingly an eternal weight of glory; *while we look not at the things which are seen, but at the things which are not seen*; for the things that are seen are transient; but the things that are not seen are everlasting.” (Corinth. IV, 17-18.)

I have one settled conviction, and that is, that there is no man so ignorant that he cannot teach me something I don't know; and there is no man so wise that



The paper on treatment of Obesity in the 4th volume American Alkalometry is one that will well repay perusal.

For Coleman's and other valuable papers on whooping-cough, see Vols. III and IV American Alkalometry. Jugulate it.

I cannot teach him something that he doesn't know. And there is many a doctor who, if he will be honest, will confess that some of his most effective remedies have been revealed to him by some "old granny," or some man who learned them from an "old granny." A valued old mentor once remarked to me: "I often wonder at the confidence people place in us of the medical profession, when they see the crowded cemeteries all over our country, filled with the graves of men, women and children who died under the care of a doctor." And I wonder if there is any one of us who has not had the experience of seeing more than one patient who has failed to obtain relief through his science, pass out of his hands into the hands of some practitioner dubbed an "ignorant quack," who cured him. If there is any profession that demands self-humiliation on the part of its votaries, it is the medical profession, for we have dotted the face of the earth with the evidences of our failures. The parson, whose profession it is to save souls, has a certain advantage over us, for he hides his results behind the veil which some of us hold to be impenetrable—it may be to us—but it is believed by a respectable number of people that some departed saint (?) may return and show the parson to have been mistaken. (Please sit still Prof. Waugh.)

Last fall a patient called on me one afternoon to ask my opinion of her sister, who was under the care of a homeopathic physician of high standing. After describing her symptoms and condition I told her that my impression was that the condition was the result of psychic causes, and I did not see any cure until these causes were removed. She then

told me some things that confirmed me in this opinion. The doctor paid eleven visits to the house changing remedies every time. On the eleventh visit he told her that he should not call again, but she must come to his office the day but one following. That day arrived, but an ambulance came and took her to the hospital, where the whole corps of skilled physicians took a hand in the case. In less than a fortnight she was dead.

Shortly after the funeral her husband called on the doctor to pay his bill. He said: "Doctor, I wish you would give me an honest answer to a question: While you were attending my wife, and before she went to the hospital, did you know what ailed her?" The doctor replied, "To tell the honest truth, *I did not.*" "Then why were you giving her medicine?" "To try and find something that would reach the case." "And after you got her to the hospital did you find out what the trouble was?" "No, not exactly." "Do you know *now exactly?*" "No."

I don't relate this instance as a criticism of those skilful physicians. It is an experience we are all running up against more often than we wish to.

And what, after all, is all the matter we find in our books? Simply the record of experiences of certain schools of practice—the deduction of practitioners set down as fact and certainty by one class of men, which facts and certainties are denied with equal strenuousness by other men fully as intelligent, educated and able and with as wide a range of experience. Still, these books have a certain use. I like the CLINIC above all other medical journals for one reason, viz., it contains a multitude of reports from physicians who have "run up against a

If any reader desires to know which volume of American Alkalometry best treats of any subject, write and ask us,

Each volume of American Alkalometry contains bushels of good things, but each excels in some particulars.

stump" and are asking for help. I don't care to ask a man to show me how to do *what I know how to do myself*, but I find in the query department the calls of men who have run up against obstacles that I have tumbled over, and I read it from beginning to end, spite of the fact that eight out of ten give justification for the remark that one of its staff once made to me, "It is strange on what a flimsy basis our system of therapeutics rests."

Just now our doctors are wrestling with the problem of cerebrospinal meningitis. In Somerville one school has been closed on account of several cases among its pupils. It is worrying the doctors in Lynn, and Cambridge is beginning to feel it, while Boston is getting scared. And this morning the *Post* has several letters from medical practitioners of unquestioned repute. I send some clippings:

WHAT EXPERTS SAY OF THE DISEASE.

Dr. W. T. Councilman, professor of Pathological Anatomy at Harvard Medical School, an expert on cerebrospinal meningitis says:

"No physician can claim he knows the disease, its origin or even its cure. If the disease is of the contagious variety, we have on our hands something to fight against. We are now treating the disease as one of infection."

Boring for indications!

Dr. F. L. Morse of the State Board of Health, says:

"The number of deaths reported in the state seems to show an increase, and is fast nearing the record of deaths that occurred in 1897, the last time the disease was epidemic. The remedy employed is antitoxin. In New York what

is termed lumbar puncture is being tested. The lumbar puncture consists of the removal of a small piece of the skull at its base near the spinal column, and the removal of whatever pus may have formed on or near the brain."

Get out your drills, boys—and "puncture."

Dr. C. D. Underhill of the City Hospital staff has this to say:

"The disease named 'spotted fever' is not a new one. Cerebrospinal meningitis has always been characterized by the appearance of eruptions almost anywhere upon the body. There are at the present time, two cases in this hospital, which is about the general average. The disease here is being treated as an infectious one, and the remedy pursued is antitoxin, the result of which cannot yet be stated."

Recognizing the fact that nearly, or quite, all of the cases terminate fatally, it does not seem very difficult to "state the result" with a fair degree of correctness. I have other clippings, but these will do.

Now, I have not written this article as a critical diatribe and I have a bit of experience to contribute. I have not had a case of *advanced* meningitis—although it doesn't take it long to advance. But last week I got a telephone call to hurry out to the suburbs. The questions I asked, or rather the answers led me to decide that I had got a case of incipient meningitis. I sat down and took down my books. Most of the cases reported died. Reaching for a match to light my pipe, my eyes fell on a small bottle of Lloyd's specific oenanthe. I have had much success with this remedy in epileptic cases—one case I remember of a girl of twenty who used to have "fits" seize her in her sleep once and sometimes twice a month.

Physicians who do not secure the four volumes of *American Alkalometry* are exclusively those who do not know their value.

Rhus Poisoning: The symposium with 39 reports will be found in Vol. III of *American Alkalometry*; some in other volumes.

I was called to her when she was in the midst of one, one night, and gave her a tenth of a drop every twenty minutes alternating with gelsemin, gr. 1-134, and after an hour discontinued the gelsemin. There was an improvement within an hour, and the second day the girl, age 13 years, was out.

I was telling of this a day or two ago to a doctor who "knows it all" and he remarked, "Pooh, that was no meningitis." Well, I have noticed that when a fellow "jugulates" a case of pneumonia or typhoid, some "smart Alec" jumps up and questions the diagnosis. All of which reminds me of the old witch-test in Salem. The suspect was thrown into a pond with a stone tied to her neck. If she succeeded in swimming ashore, she was a witch, and they hung her; if she drowned she was innocent. The result was the same in either case.

I don't say that *cenanthe* will cure every case of meningitis, but in the present state of confessed ignorance regarding the disease, as evinced by the statement of Dr. Councilman—some one, who believes that a good thing may "come out of Nazareth" may find my suggestion of value.

J. R. PHELPS.

Dorchester, Mass.

—:o:—

The newspapers are showing symptoms of hysteria whenever the subject of meningitis comes up and are disseminating a quantity and quality of misinformation on the subject which is only too likely to breed fear. The disease is bad enough to be sure and we can not be too careful in our search for commencing cases and in our efforts to jugulate them when they actually have appeared—for we see no reason why it

is not possible to jugulate this as it undoubtedly is other infectious diseases.

Last month we gave some of our own ideas concerning treatment, but we are glad indeed to welcome Dr. Phelps' contribution to the subject. The suggestion which he makes is worth following up. And right here we want to urge upon readers of the CLINIC to report their cases of meningitis and to let us know what methods they have found the most successful.—ED.



AN "EPIDEMIC" OF GOOD THINGS.

I have been a reader of the CLINIC for several years and have always found it bright, entertaining, and instructive. As the Kentucky Colonel thinks of good whisky, "The older it gets the better it gets." I believe it can endure and survive more *epidemics* than anything I know. A few months ago it came to its many readers so thoroughly saturated with "Malaria" that I feel sure there could not have been enough "calomel and quinine" put under its covers to eradicate the germ. The March issue is equally as full, or more so, of "Pneumonia," so full that one can imagine he hears the cough and sees the brick-dust sputa and now the April issue is "down with Rheumatism." Each epidemic, like all others I have seen, is liberally sprinkled with other diseases, so that one can read and read again and each time find much that is valuable. This combination, Malaria, Pneumonia and Rheumatism, is one we sometimes meet in this country, not often, thank the Lord. It is one that a man will do well to avoid, for when he does find it, he



Rheumatism receives special consideration in the second volume of American Alkalometry, with 29 articles; 9 in Vol. I.

For sciatica see American Alkalometry Vols. I, II and III; all are of interest, especially the first volume, with nine articles.

may know that he is "up agin it hard." Come on with more epidemics; they are good and healthy—in print!

H. C. BUCK.

Lyman, Miss.

—:o:—

There are two things the editor likes above all others; one is that a man should write and tell him that he is pleased, and the other is that a man should give him a good hard "cussing." Both do the editor good. We are always glad to know that we have struck a keynote, that we have printed what our readers find agreeable and instructive. On the other hand, we should be very sorry to feel that the CLINIC is such a namby-pamby, inoffensive little affair that it never steps on anybody's corns or brushes the fur the wrong way. But, when our readers say nothing and take what we offer them without a word of approval or disapproval, and we can only judge of their sentiments by examining the subscription list, it does the editor harm, for he feels as if he had not spoken loud enough to attract their attention and the impulse comes to him to holler louder and louder until he is yelling like a Comanche, when all the while perhaps he does not need to speak above a quiet, well-bred conversational tone.

In every way a journal is what its readers make it. Perhaps, after all, the silent dropping of their dollars into the ballot box tells the story and if so, we ought, perhaps, to feel satisfied that we are elected and reelected by such a large and growing majority each year.

It is to the men who write such good things for the CLINIC that after all our gratitude is most largely due. The reports gathered from the whole country

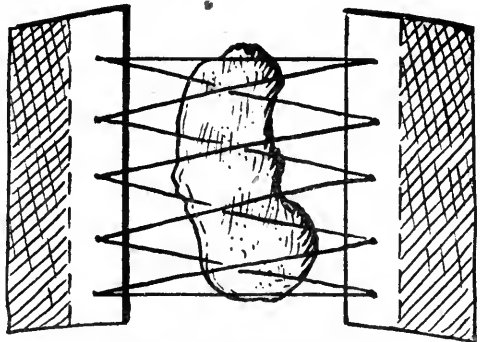
Menstrual ailments are specially treated in American Alkalometry Vol. II, which contains 47 papers; search the Index.

are the life of the journal, for this is a republic, not a czardom. We do not propose to do the thinking for thirty-five thousand American physicians. May the Lord be good to us and save us from such a task, even if we were not too modest to attempt it. But what we aspire to is to serve as a channel or clearing house for the ideas and experiences of this great public. So long as a goodly proportion of them feel impelled to send us, for the benefit of their brethren, their most interesting experiences in the treatment of the sick, we have nothing more to ask.—Ed.



A PLAN TO REMOVE TENSION IN OPEN TREATMENT OF OLD ULCERS.

I was in two minds whether to give this to the CLINIC or not, because I have used it in only two cases, and that is hardly enough experience to rush into



A Method of Treating Leg Ulcer.

print with, but it worked so nicely and the lattice work stitching looked so pretty and "embroidery" like, that I couldn't resist the temptation.

My two cases were chronic anterior tibial ulcers, situated as usual, at the junction of the middle and lower third. I cut two strips of adhesive plaster about



Morphine poisoning and habit are treated in all the volumes of American Alkalometry, the methods first, then reports.

an inch or an inch and a half longer than the ulcer, and about an inch and a half wide; one edge of these I reënforced with a strip of half-inch tape. Now apply on the sound tissue on each side of the ulcer, leaving the reënforced edges free and looking inward. Now dress the ulcer any way you like. Place a layer of absorbent cotton over it and with a heavy thread (I like an oiled three strand cobbler's wax end the best) do a lattice stitch through the free reënforced edges of your adhesive plaster, drawing it just tight enough to take the strain off your new granulations if you are lucky enough to get any. To re-dress you have nothing to do but cut and remove the thread, dress and re-stitch.

L. THOMPSON CLASON.

Urbana, Ohio.



SOMETHING ABOUT SPLINTS.

On account of my age (72) I am no longer an active worker in the professional "bee-hive"—still I am acutely interested in the progress of our noble science and assure you that heart and soul I am with you in all that can contribute to the general good of the profession. Most of us *could* if we just *would* now and then contribute something to the aggregate amount of medical experience, and it is not always the most prominent and enlightened members that furnish the useful suggestions, that "stand the test of time" and live to adorn the pages of medical literature and useful progress. For example: It was an obscure country blacksmith in the Kentucky mountains of this vicinity who first conceived the idea of the truss and contrived the first appliance to close by



The neuroses are specially considered in the 2d volume of American Alkalometry; 25 papers; 17 in the first volume.

pressure the "hole in the wall" that permits the exit of the abdominal contents.

So far as I know to the contrary, it was my humble self who first treated a fractured leg by suspending it from a hook in the ceiling in an angular hinged splint and raised or lowered by a pulley and (by the hinge) adjusted to meet any degree of flexion or extension desired. By another hook and cord from ceiling the patient can shift himself to any place on the bed without pain and without help.

Let me offer also a suggestion. Any doctor with ordinary scissors can cut from common window screen wire, splints of any length, width or shape for any leg, arm, or finger. Of course the splint is padded like any other and secured by roller. As the splint is being applied it adjusts itself neatly and firmly to the size and shape of the member without undue pressure. Such a splint combines all the qualities of lightness, rigidity and ventilation that are possible to attain and it cannot by any force from within or without be displaced. I was the first to use it and have been using it for thirty years. If you will try such a splint you will never wish to use any other, not patented. It is necessary to use two of the splints.

THOS. R. YOUNG.

Ashland, Ky.

—:o:—

The suspended splint is now a recognized method of treating leg fractures. Hodgkin of St. Louis has usually been given credit for inventing it, but Dr. Young may have a prior claim. Anyhow the idea is good, as well as that for the screen-wire splint. These things are *practical*. This again illustrates

Phthisis: American Alkalometry Vol. II has 23 papers, but Vols. I and II have nine and fifteen too valuable for neglect.

what we have so often preached in the CLINIC, that every doctor has some idea or ideas which he ought to give for the benefit of the rest of us. Doctor, isn't it *your* turn?—ED.



A CURE OF VARICOSE ULCERS.

Last December I wrote you regarding the condition of my wife, who was troubled with "open legs," caused by varicose veins, and was in a totally helpless condition. We have tried your remedies and have met with surprising results. Both legs are now completely healed. The swelling is constantly growing less, the flesh is becoming flexible and the skin is getting its natural color, and the prospects are that a permanent cure will result. I shall always have a good word for you.

H. F. T.

———, Texas.

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The "proof of the pudding is in the eating." 'Nuff said!—ED.



PNEUMONIA TREATED WITH HEROIC DOSES OF ACONITINE AMORPHOUS.

On March 2, 1905, I was called to see a boy fifteen years of age, who I found suffering from a well-developed pneumonia of the whole left lung. Temperature 105° F., pulse 130, respiration 45. His mother told me he got a chill on the night of February 28, and used home remedies until I was called, therefore I would date the disease from February 28.

I ordered antiphlogistine over front and back of the chest and put six gran-



ules, 1-6 grain, of podophyllin, in a saucer and ordered one of each every half-hour until all were taken, followed by saline laxative. I then gave him as follows: Aconitine, 1-134 of a grain, thirty-six granules and thirty-six granules of dosimetric trinity in three ounces of water and ordered one teaspoonful every one-half hour until my next call. In addition I gave him emetine, gr. 1-67, and codeine, gr. 1-10, every hour, to be continued throughout the disease.

I called at 5 p. m., and found the conditions the same as in the morning; I ordered the medicine continued. I called next day at 10 a. m.; temperature 104½° F., pulse 120, respiration 40. Ordered the medicine continued in same doses until evening. When I called at 5 p. m., the temperature was 104½° F., pulse 120, respiration 40. Ordered a fresh antiphlogistine poultice and to continue the medicine every half hour. I called at 10 a. m., March 4; temperature 103½° F., pulse 120, respiration 36. Medicine was still given in the same doses and when I called at 5 p. m., temperature was 104½° F., pulse 120, respiration 40. The medicine being continued I called at 10 a. m. next morning and found temperature 104¾° F., pulse 120, respiration 40. After ordering a continuance of the medicine, I called at 8 p. m. and found him much improved. Temperature 102° F., pulse 90, respiration 32. I now ordered medicine given every hour until I called which was at 10 a. m., and found him very comfortable and without pain. His pulse was normal, temperature 97½° F., respiration 28. I now stopped the aconitine, but continued the emetine and codeine every hour. Took off the antiphlogistine and put on a cotton jacket and ordered three triple ar-

Pneumonia: American Alkalometry contains in Vols. I, II, III and IV, 44, 46, 25 and 37 articles, case of Hobson's choice.

Pruritus: For this topic consult American Alkalometry, Vol. I, with eight articles; some good ones also in II and III.

senate granules three times a day with a teaspoonful of saline laxative mornings.

In conclusion I wish to remark that he spit up large quantities of blood and had frequent nose bleeding during the five days of his sickness with very active delirium, making in all a very bad case. To tell the truth, I never expected him to recover, but this case will illustrate what can be accomplished in pneumonia when aconitine and dosimetric trinity are pushed freely, "to effect." In this case you will note the large doses given throughout the disease night and day. Finally on the fifth day of the disease he took a turn for the better and on the sixth day was well; pulse, temperature and respiration normal. Can this be improved upon? I think not and having scored one more triumph for the alkaloids, I again advise the skeptical to try this method and to use the alkaloids, and they will be able to do as well as our alkaloidal friends do.

Not forgetting that it is absolutely necessary to push the medicine to full effect, a careful observer can accomplish wonders with the alkaloids when he would have only failure with the galenics.

W. F. RADUE.

New Durham, N. J.



A CASE OF CROUPOUS PNEUMONIA.

I was called in January last to see a little girl, aged five years: She had been sick four days with high fever and pain in the left side, with constant cough and a dark, thick, dusky sputum. She swallowed nearly all the phlegm, but I managed to have her spit out some on a



handkerchief. Upon examination I found a brown-coated and dry tongue. My thermometer in the axilla registered 105° F., and the pulse rate was 145 per minute; respiration was 45 and the extremities were cool. She was very restless and there was slight delirium. A pronounced pallor had spread over the face, with dark circles under the eyes, but the red cheeks which would be expected in such a case had disappeared.

Auscultation revealed crepitant rales, though they were faint and hardly audible; percussion showed slight solidification of the middle lobe, and the pain extended high up under the axilla and beneath the scapula. These symptoms all showed the gravity of the case, and I must admit that I felt disconcerted.

The mother, who is an intelligent lady, noticing my anxiety, asked me if I could cure her baby; in reply I stated that I would give her an answer before I left, and I finally gave her a favorable one, but with several "ifs" in it.

It occurred to me that I had in my pocket the little granule case that I had received only the day before. I therefore prescribed aconitine, granules six, and hyoscyamine, granules ten, dissolved in twenty-four teaspoonfuls of water, and gave a teaspoonful every fifteen to thirty minutes. I remained with the family two and one-half hours and administered it myself and watched effects. I also gave calomel and podophyllin granules one of each one hour apart until ten had been taken, and directed to follow in two hours with saline.

The local treatment was a warm bicarbonate of sodium sponge bath and I applied antiphlogistine, hot, to the side with a drilling jacket; this was all the mate-

The greatest legal protection with the least book-keeping; just what the Physicians' Protective Accountant and Ledger give.

Diarrhea: The treatment is so thoroughly elaborated in American Alkalometry Vols. I and II, with 10 and 11 papers that few follow.

rial in the way of cloth at hand, and it was "Hobson's choice." We country doctors frequently meet with dilemmas that we have to handle off hand.

After the granules had been administered for two hours I was glad to notice that my patient had become quiet and the cuticle was bathed in a slight perspiration. Temperature had fallen to 103° F., pulse was 125, and respiration thirty per minute. Not having any emetine granules, I prepared a cough syrup with syrup of tolu and syrup of ipecac with paregoric. I then departed and gave general directions how to use the granules to control the fever.

The nurse stated to me when I returned the next morning that she could control the fever and quiet the patient to a nicety unknown to her before. The red cheeks had come back to my patient, the phlegm was not so tough and not so dark in color, coughing was at longer intervals and there was no vomiting to complicate it.

This treatment was continued for four days, but I added amorphous quinine syrup, as I found malaria was complicating the case. Chloride of ammonium added to the syrup for the cough greatly assisted in getting up the sputum. This treatment was gradually replaced by heart and general tonics and my patient is now well.

Now while I did not jugulate this case entirely, I certainly did stop the spread of congestion; after the first six hours of the granule treatment there was no further invasion of the inflammatory process.

I will state that I have used the granules off and on for six years and know how to use them. I have Prof. Burg-

graeve's alkaloidal treatise and lately have Shaller's and Abbott's books. So you see that I am not altogether in my swaddling clothes in alkaloidal practice. I only wish that I could carry the alkaloidal practice out entirely, but I find it difficult among so many ignorant people.

Shaller's method of using granules is the best to prepare for the laity. Dissolve some granules in so many teaspoonfuls of water, according to age and the patient's susceptibility to drugs, and instruct your nurse how to and when to give them. I can truthfully say that I have not had any toxic symptoms caused by the granules, but I have had some alarming conditions in patients overdosed by ignorant nurses with morphine and tincture of veratrum viride.

H. D. TYNES.

Emma, Miss.

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We think, Doctor, that it will not be long before you *will* be able to "carry the alkaloidal practice out entirely." Cases like this are the best of educators.
—ED.

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NEVER TELL A PERSON WHAT MEDICINE YOU ARE PRE- SCRIBING.

I am troubled considerably by patients who want to know the name of everything I may happen to prescribe and when I can't avoid them I say that's "cholecystogastroenterine" and they all think it ought to be good whether it is or not. This generally has the desired effect and they cease asking so many questions.

Another preparation which is a good one for the above class of patients is

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The remarkable reports on smallpox appear in the third (11 papers) and fourth (15) volumes of American Alkalometry.

Typhoid fevers occupy in American Alkalometry 23, 32, 21 and 45 pages in the four volumes respectively; all instructive.

"bunkoline," suggested by a comrade in one of the former numbers of the CLINIC. I use large quantities of both of the above remedies. The beauty of it, you can tell a patient what he is taking (if you so choose) without fear of either preparation being advertised to the laity in after years.

I think as you do about the above subject, and recommend physicians to never tell a person what he is taking. This will be the rule, and as any rule has its exceptions, possibly in the case of an idiosyncrasy this will constitute an exception.

Another thing I endorse is to write none or very few prescriptions. I have about one dozen patients in the States who write to me to send them medicines. They always buy in good quantities. I find it beats writing a prescription for fifty cents or a dollar. Try it and see.

B. W. GREEN.

La Aurora, Mexico.

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Glad to hear of your success with "cholecystogastroenterine" and "bunkoline." We don't wonder that you use large quantities of both, the former especially ought to prove effective. After one of your patients has swallowed that a few times—successfully—he ought to be cured of almost anything. Doctor, your head is absolutely level upon this question.—ED.



VEGETARIANISM.

The principles of modern vegetarianism as a school or system were advocated in very ancient times. Then (and to a considerable extent now) vegetarianism counted itself with religious schools and

systems. Instances are the Pythagorean school, the Buddhistic religion and Hindooism generally. In this country many vegetarians belong either to a certain Christian sect or they are those who affect Buddhistic doctrines and its asceticism. Buddhism forbids generally the killing of animals and enjoins the suppression of all bodily desires, hence that of eating flesh too, all these as a means of liberation and perfection of the human being.

Vegetarians of the present day endeavor to support this doctrine by referring to these views of antiquity, forgetting, however, that those views, as far as they concerned hygiene, had reference to certain local and climatic conditions, and besides, that the science of those times did not advance enough to decide whether the flesh of properly slaughtered animals was healthy or sick. Nor can the right of referring to the injunctions of those ancient founders of religions and sects be conceded to modern hygienic vegetarians, since those injunctions had always a more transcendently mystical than hygienic bearing.

The reasons for and against nourishing the body with vegetables exclusively may be stated as follows:

1. Man, it is said, is by nature assigned to a vegetable diet, because comparative anatomy, as well as his teeth, which are so unlike those of flesh-eating animals, point him out as a fruit-eating being.

But this can only argue at most, that the eating of flesh was not designed for man in the same way as it was designed for the animals which live on flesh exclusively. And no one will deny, that the intelligence and ability of man can so



For locomotor ataxia consult American Alkalometry Vol. II, where you may find six good suggestive articles.

Autotoxemia is treated at length in all the volumes of American Alkalometry, twelve papers each in Vols. II and III; 6 in IV.

prepare food for him from flesh which is demonstrably useful for his organism, perfectly satisfactory to his taste, and for the comminution of which his teeth in their normal condition are perfectly adapted.

2. It is said that a vegetable diet is more advantageous for man than an animal diet, because the albumin which we get from the cereals contains less nuclein (which is said to be the source of uric acid) than the albumin obtained from flesh food. It is said therefore, that vegetarians are free from those diseases which are charged up against the uric-acid diathesis.

But this is a mere hypothetical assumption, which lacks any scientific confirmation, and against which the results of scientific investigations stand even opposed. And the very idea that vegetable albumin agrees better with the system than animal albumin must be opposed for the reason that vegetables yield far smaller quantities per bulk of other materials, and in a form far more difficult of absorption than animal food. An incomparably larger bulk of vegetable matter has to be introduced into the human body in order to give it the quantity of albumin it needs for health and work, than the small bulk of animal matter which yields the same quantity of albumin. Vegetarianism must therefore, presuppose a health and working capacity of the human stomach and bowels sufficient for the digestion of that incomparably greater bulk of vegetable matter. And yet albumin affords the human body the surest and most suitable basis for life and health, and it cannot be substituted with carbohydrates, which the vegetarians have to consume in so much greater quantities.

3. Again it is said, that man has no need of an animal diet, since he is able to subsist on vegetables. In support of this idea are advanced entire nations and peoples, as well as the great proletariat of the world, which subsist on a vegetable diet.

This fact is to be acknowledged, but it must also be remembered that with many of those individuals, vegetables are only the principal article, and not the only ones of their diet, to the total exclusion of all animal foods. Moreover in many of those peoples a vegetarian diet is forced upon them by circumstances of mental and material poverty, and is not the result of a reflecting conviction that it is better than an animal diet.

The vegetable diet of animals too is adduced as an argument in favor of vegetarianism. But animals have their organisms adapted to a vegetable diet, while man has not.

4. It is asserted that to kill animals and eat their flesh is an offense against the moral law. But these acts seem to be commanded by the laws of nature, and men who occupied the highest plane of morality among them, even the Christ himself, have not objected to the killing of animals and to the eating of their flesh.

5. It is objected to flesh eating that it exposes to various dangers, such as trichina, tapeworm, anthrax, acne, etc., etc.

These evils are averted by measures effectively taken against the consumption of any diseased or tainted flesh. And the vegetarian too is exposed to the poisons of mushrooms, ergot of rye, solanin, etc.

6. Flesh is asserted to have a strong irritant effect upon the nervous system,



Bronchitis receives most attention in Vol. II of American Alkalometry, with 15 very useful and practical articles.

For cancer see specially Vol. II of American Alkalometry, where you will find in the 25 papers some valuable information.

that it excites unduly the heart and genitalia.

This is an unproven assumption made against even the results of scientific experiments. Of course we speak of moderate healthful consumption of flesh and not of unreasonable excesses in which case pumpkin pie too is hurtful.

7. It is asserted that an animal diet excites passions, vice, crime and evokes even the cruelty of the beast in man.

But the mental and moral life of all cultivated nations, of whom vegetarians are but a vanishing quantity and without any telling influence in this respect, show in general and in particular individual aspects the worthlessness of this assertion. And the moral and mental degradation of those nations that feed principally on a vegetable diet show conclusively, that if diet does have an influence upon the mind and morals of man, that a vegetarian diet does not lead to a higher but to a lower development of mind and morals, and to barbarity. The classes from which robbers and murderers are recruited are not those who can be accused of luxuriating on a flesh diet.

In conclusion. While we must according to the above, deny the claims of vegetarians that they stand in accord with human physiology, we by no means mean to deny the benefits accruing from a proper consumption of vegetables in conjunction with a moderate quantity of animal food. Nay more. There are diseases in which a purely vegetable diet is most clearly indicated, and yet certainly not in the convalescence from such diseases, where the indication is to increase the patient's strength rapidly. In such recovering and convalescent patients we have also to consider not only the superior nourishing qualities, but also the

appetizing qualities and the variety which flesh victuals afford in contrast to the monotony of vegetable dishes exclusively. On the other hand the all-around physician will not neglect the curative effect which an exclusive vegetable diet has on certain constitutional and renal diseases, against constipation and obesity and various forms of neuralgia. Quack and exclusivist doctors often make capital out of these dietetic remedial means to the detriment of scientific and legitimate therapy and practice. And it behooves the honest educated physician to acquaint himself with dietetic therapy and so head off the quack and charlatan on his own field.

E. M. EPSTEIN.

Ravenswood, Ill.

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AESCULUS HIPPOCASTANUM.

Horse chestnut, which is now being brought to light by members of the regular school, has been used in the past largely by our eclectic and homeopathic brethren. It occurs as a large tree, a native of Asia, cultivated in Europe and America. The bark is the part usually used in medicine and the fluid extract of this constitutes the best form for administration. It is stated to contain two bitter active principles, aesculin and fraxin, both being neutral in reaction. A considerable amount of tannic acid is also present. Aesculin occurs in the form of white crystals and is soluble in hot water.

The physiological action has been little studied. It stimulates mucous membranes and in large doses is an irritant. Large doses seem to act as vascular stimulants, especially in the portal system and hemorrhoidal veins.

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The subject of catarrh was so well treated in the 19 papers in Vol. II of American Alkalometry that little appeared since.

Dr. Bacon's excellent practical papers on nasal catarrhs are found in American Alkalometry, Volume II. Just your need.

Horse chestnut has been used in the following conditions, with varying success. It has been given in neuralgic conditions, but I find no appreciable benefit in these cases. Shoemaker states that it possesses some power as an anti-periodic, being most potent in the remittent type of malaria. The most common use, however, is in hemorrhoids. It should be borne in mind, however, that it contains a large amount of tannin and therefore should be used only in cases unaccompanied by constipation. The principal indication, therefore, is in hemorrhoids with portal congestion, veins greatly engorged, mucous membrane hot and dry and no constipation. Now I find these cases in the minority and if the benefit derived is due to the tannin contained, why is it superior to topical applications of that remedy? If its action is due to aesculin or fraxin why not isolate these principles and thus be able to utilize the remedy in cases complicated by constipation as well as those non-constipated? The success that has recently attended the use of this drug would seem to warrant further investigation, both with the whole drug and with the isolated active principles.

ROY J. BOYNTON.

Boston, Mass.

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CLINIC readers who use aesculin in hemorrhoids have generally reported good success with the active principle, aesculin, so that the benefit ascribed to this remedy can hardly be due entirely to tannic acid. But we agree with Dr. Boynton that the remedy deserves a more careful study. According to King's Dispensatory, it acts as a stimulant of

the spinal and sympathetic nerves, with a selective action for the portal circulation.—Ed.



AESCULUS IN PHARYNGITIS.

A good deal of interest has been shown lately in various applications of the horse chestnut, *Aesculus hippocastanum*. Some time ago we wrote an article upon it which appeared in the *Medical Bulletin* of Philadelphia, which would perhaps be worth another reading in this connection. And, by the way, there is an article about it in the *Alkaloidal Therapeutics*. The following by Dr. Millican, now editor of the *St. Louis Medical Review*, presents some interesting points:

At the meeting of the British Laryngological and Rhinological Association, March 27, 1889, Sir Morrell Mackenzie in the chair, Dr. Kenneth W. Millican said:

"The first drug to which I would direct your attention is the common horse chestnut, *Aesculus hippocastanum*. This drug I have found of marked service in granular pharyngitis of the early stage, without purulent secretion, when the pharynx is of a dusky livid color, and particularly apparent when there is general engorgement of the alimentary canal throughout, as evidenced by the concurrent symptoms of fulness, itching and dryness of the anus, and especially hemorrhoids. The connection between similar conditions of these two extremities is, of course, well recognized in the ordinary practice of giving a smart aperient in the earlier congestive stages of inflammatory throat trouble, especially subacute tonsillar catarrh, by which I mean that condition when the



For cerebrospinal meningitis, see Vol. II of *American Alkalometry*; ten papers, among them some remarkable reports of cures.

Enuresis is better considered in Vol. II of *American Alkalometry* than in any other volume; eight good papers.

mucous membrane and submucous tissue are chiefly, if not entirely, affected, as distinguished from peritonsillitis and parenchymatous tonsillitis.

"The case I would select to record in reference to this drug, is that of a music hall vocalist who consulted me in January, 1887. In the previous October she had an engagement which necessitated rapid transit from one hall to another, some considerable distance off, and though she was suffering from a cold, she fulfilled a short engagement and sang through it, added to which she had been exposed in the latter hall to a more than usually vitiated atmosphere. Her history showed a general tendency to piles, and frequent troublesome itching, dryness, and sense of constriction of the rectum. She complained of a sensation as though her throat had been scraped out with sand paper, there was dryness and smarting of the fauces and an intolerable itching of the soft palate. The dryness of the throat gave rise to an irritable hacking cough.

"On examination, the fauces and pharynx were dusky in color, and dry, and the follicles were prominent. The vocal cords showed merely the results of an old catarrh, viz: a muddy hue, and that sluggishness of movement which is generally the result of a long-standing catarrh, and consequent partly, at any rate, upon lymph deposit in the submucous tissue. This appeared to me to be a typical case for the use of aesculus, and I accordingly gave her three minims of the tincture in a little water every three hours. I applied no local treatment to the fauces, not wishing to complicate the result, but I painted the vocal cords twice with a solution of chloride of zinc

in view of their special condition. On January 27, seven days afterwards, she was in every way improved, although she had not discontinued singing. The throat was more natural in color and moisture; the follicles were less prominent, and the troublesome irritation of the rectum was fast disappearing. By February 3, the symptoms had entirely disappeared, the cough, the roughness and dryness of the throat, and the rectal trouble as well."



HIS "LAMP LIGHTED" AT LAST.

Alkaloidal medication is not new to me, and although I have had my lamp lighted it has not yet given forth light to the readers of the dear old CLINIC. I began the alkaloidal medication four years ago and first, like many others, was prejudiced, but after thoroughly testing these little wonder workers, I became convinced that they were the proper article, and have used them freely in my practice ever since. I could tell many things I have accomplished with dosimetry, would time and space permit, but suffice to say that time spent in the study of alkaloidal medication is, in my opinion, a step upward.

J. E. C.

—, Oklahoma.



COLIC IN BABIES AND THE USE OF DRUGS.

I am sending you some thoughts suggested by various articles in the CLINIC. The management of colic is simple. Clear out the alimentary tract thoroughly with teaspoonful doses of castor oil every two hours until the oil shows in the stools.



The second volume of American Alkalometry is unusually rich in articles on gallstones—13 of them; others in III and IV.

For information on both forms of goiter, see Vol. II American Alkalometry; seven papers; 3 good ones in Vol. III.

Then disinfect the entire tract with anything that will do it. I prefer copper arsenite because it is an excellent intestinal disinfectant and has a tonic and stimulant effect on the nerves. This is usually all the medicine needed.

The cause of colic in infants is the mother's milk certainly—not the quality, but the quantity. The child cries from thirst as well as hunger, and gets the breast for both. The result is overfeeding, indigestion and colic. Give the child water five or six times a day and teach it to drink. Never let it nurse more than once in three hours. If the mother has more milk than the child can take at the above rate let her resort to other methods of emptying the breasts. This will settle the baby colic business. Give these instructions when the baby is born, and you will seldom be called upon to treat that baby for colic if the directions are followed.

One other point; have it seen to that the baby's napkins are promptly changed when soiled. I have many times relieved a little sufferer by simply putting on a dry napkin and toasting the feet and legs in front of an open fire. Keep the child clean and warm.

Taking Pills.—Take a swallow or two of water before putting the pill or tablet in the mouth. This keeps it from sticking in the mucus on the tongue. After this put the pill in the mouth and drink continuously, as if there was nothing in the mouth. If you throw the head back, you lose control of the muscles of deglutition. Do not take more water in the mouth than can be swallowed at one gulp. If you do, part will go down and part will fly and take the pill with it. Try this and see how nicely it works.



Gonorrhea receives most attention in Vol. II of American Alkalometry, 14 good practical reports and articles.

I once had a little patient about four years old who took quinine in powder, but could not keep it down. I floated empty capsules on a teaspoonful of water and practised him until he could swallow them; then there was no more trouble. These are small but useful points.

N. G. THOMAS.

Apison, Tenn.

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It is the little things which make the difference between success and failure—and in no class of cases is this more true than in the treatment of diseases of children. The child which has to be fought with every time a dose of medicine is to be administered is not likely to respond any too well to the effect of that medicine. Hence the value of these kinks—and the advantages of the alkaloidal remedies over the bad-tasting messes which some doctors are still trying to choke down the poor, defenseless bairns.—ED.



ICTERUS FROM INSECT BITES AND BILIARY COLIC.

We have been taken to task for the incompleteness of our editorial item in the April CLINIC concerning Bauermeister's experience in the treatment of the icterus following bedbug bites. Therefore we give it more in detail.

Bauermeister calls attention to the fact that gastrointestinal symptoms not infrequently accompany the bites of insects. This connection between the skin and the digestive tract is well known, as in herpes and urticaria, but in these conditions the skin lesion follows the digestive trouble; the reverse is true in insect bites, in which the gastrointestinal

Headaches are best treated in Vol. II American Alkalometry, with eleven interesting papers and reports.

catarrh is consequent upon the skin disturbance, just as it is after large burns.

While stopping in a university town in Eastern Germany, Bauermeister was badly bitten by bedbugs and a troublesome urticaria developed, while this was followed by an acute gastroenteritis developing into attacks of severe pain identical with those of hepatic colic; at the same time there was marked swelling of the liver and jaundice. To obtain relief he attempted systematic disinfection of the biliary system, believing the trouble dependent upon infective cholecystitis. Salicylic acid he considered the most effective remedy for this purpose, as it is in part excreted from the gall-bladder walls and exerts its antiseptic effect at the seat of the disease; moreover, it is a most effective cholagogue and by increasing the flow of bile serves to flush the bile passages.

The salicylic acid was combined with the acid oleate of sodium, $1\frac{1}{2}$ grains of each being made into a pill with menthol and phenolphthalin as analeptics, and to mildly stimulate intestinal activity. These pills are prescribed under the name of probilin. In his own case he had splendid success with this method and afterward demonstrated its efficiency in many other cases. He is convinced that internal medicine is by no means ineffective in cases of hepatic calculus, and that by following this method many cases may be saved from operation. The probilin pills, in addition to their antiseptic and cholagogue action are also asserted to act as cholesterin solvents.

This study is interesting as showing the "change of base" which is being taken by many leading professional men. From our experience with sodium suc-

cinatate we know that treatment is effective in many cases of this kind. Possibly the probilin may do as well.



PHLEGMASIA ALBA DOLENS.

I shall be glad to hear, in the columns of the CLINIC something on the exact cause and positive treatment of Phlegmasia alba dolens. All textbooks are almost silent as to the positive condition present in such cases—opinions are so different that there is but little satisfaction in consulting such authors.

If this condition depended on the impoverished state of the blood why should only one lower limb be affected? If from a diseased condition of the walls of the heart, why should it not produce like deposits in the upper part of the body? If the walls of the arteries were diseased would it not also cause the same deposit throughout the whole system? All the light you can give me will be appreciated.

C. R. WATKINS.

Floresville, Tex.

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Phlegmasia alba dolens, white or milk leg, as it is usually termed by the laity, was, for a long time, supposed to be due to metastasis of milk. Two forms of the disease may be observed—the thrombophlebotic and the cellutitic. The former is the usual type encountered. The combination of the two is not impossible, as a phlebitis may cause a cellulitis and a cellulitis may set up a phlebitis or thrombosis. The thrombophlebotic variety is due to "extension of a septic inflammation of the walls of the vessel from the placental cite with clotting of blood in the vessel or to primary thrombosis." (Edgar.)

The circulation in the femoral vein



There is more on diseases of the heart in Vol. II American Alkalometry than in any of the other volumes; sixteen articles.

The subject of hematuria is treated in eight articles in Vol. II of American Alkalometry; a valuable, practical collection.

near Poupart's ligament is especially sluggish and microorganisms are especially prone to attack the walls of the vessel at this point. Clots, infected or non-infected, may be carried to any part of the vessels of the leg, becoming stationary at some point and there setting up inflammatory conditions. If varicosities have been present the veins affected, with their tortuosities and sluggish stream, offer especially favorable conditions for arrest of even the smallest clot.

It may be accepted that the disease is usually a septic process; and when originating in the placental site its extension to the leg is made clear by the pathology.

Non-septic thrombosis with accompanying cellulitis may occur in varicose vessels. We know that wherever an infected embolus finds lodgment there metastatic abscesses may occur. Every organ of the body has been so affected, hence the phenomena observable in a case of "milk leg" are not beyond explanation. Musser explains the rationale in a few words: "Thrombi are produced by extension; a clot enlarges by coagulating the blood next to it; a large venous distribution may become blocked as, first the uterine veins, then the internal iliac, then the external iliac and, after that, the femoral—causing the affection which frequently occurs in the puerperal form—*phlegmasia alba dolens*."

Venous changes may be accompanied by lymphatic infection—extending from the uterus or other primal source—and marked obstruction to the lymph flow may occur in the lower limbs. The cellular tissue external to the lymphatics may be injected. In rare instances the lymphatics of the upper limb are alone involved, the veins appearing healthy. In the blood of the puerperal woman there

is an increased fibrin-forming tendency and this aids the formation of thrombi.

An infected thrombus may be broken up and swept through the system; parts of it (an embolus) may be carried to and stop in a vessel where there is sluggish circulation or other obstruction. Coagulation of surrounding blood follows and the vessel is totally plugged. Microorganisms may penetrate the clot and vessel-walls and we get the train of local and systemic disturbances which are embraced under the name of "milk leg." The same condition, precisely, may follow enteric fever or typhus.

With an understanding of the causes of this condition it is evident that the main thing is to prevent infection. Scrupulous care must be taken to maintain asepsis during parturition—and afterwards. The pregnant woman's circulation must be attended to; the normal force of the blood-stream maintained by the use of cactin and strychnine. Systemic cleanliness should be secured. In short, the woman must be placed in the best possible condition to render an accident unlikely.

However, should we find ourselves with a case of phlegmasia on our hands we have but one rational course open: To reduce local congestion; destroy, or enable the system to destroy, the invading germs; control hyperpyrexia, and control pain. The obstruction must be broken up and, under proper treatment, this usually occurs within a short time. It should be remembered that in most cases the entire system is deranged; in postpartum cases this is invariably so.

The first thing to do is to put the leg at rest; the next, to apply a thick, hot, glycerinized paste, reapplying every six hours. This depletes better than any



To the man over 50 with an ailing bladder the article on Arbutin in Alkaloidal Therapeutics is simply priceless.

To know exactly all an alkaloid will do, to administer it intelligently, study the W-A Alkaloidal Therapeutics.

other measure and favors absorption of the thrombus. Before applying the dressing and at each change rub in, over the popliteal space, a piece of unguentum Credé as large as a hazel nut, but avoid rubbing the limb. Bandage snugly but not too tight and keep the limb elevated. Nuclein, gtt. 10, hypodermatically morning and night.

Internally give cactin, one granule, strychnine arsenate, gr. 1-67, every four hours. For the first twenty-four hours calcium sulphide and calcium iodized, one of each alternately every hour; after that every two hours. Salines freely after an initial calomel and podophyllin purge. Aconitine and veratrine "to effect" if the temperature is very high and does not yield to the above measures in twenty-four hours. For pain codeine or cannabin in full doses. The writer objects to morphine. Echinacea has given good results where there is evident infection. It should be borne in mind that the primal lesion or cause must be considered always—and treated, if still existent. As soon as the acute symptoms are controlled, iron iodide and arsenic iodide should be exhibited and tonics will be needed for a prolonged period.—ED.



VERBENIN IN EPILEPSY.

Verbena hastata, blue vervain, natural order *Verbenaceæ*, is a perennial herb, three to six feet high, growing commonly by the wayside and in waste places, and is widely distributed throughout most parts of the country. Verbenin, the concentration, represents the therapeutic activity of verbena in the proportion of one to forty. This drug was introduced to the profession as a remedy for epilepsy, by Drs. H. D. Fair, of Muncie,

Ind., and G. H. French, of Carbondale, Ill., through the columns of THE ALKALOIDAL CLINIC.

The action of verbena resembles to some extent that of *passiflora incarnata*. It is indicated in states of nervous tension, mental exhaustion and insomnia, acting as a soporific, antispasmodic, and sedative. Large doses of the crude drug tend to relieve constipation, but this does not apply to the active principle.

As used in epilepsy, its effect is to lessen nervous susceptibility, and it may be used in whatever dose is found necessary to produce this result. It is prepared in tablets of 1-5 grain, each of which is equal to eight grains of the crude drug.

The usual method of administering it is to begin with one tablet before each meal, and increase gradually until fifteen or eighteen, or even twenty or twenty-four tablets are taken daily. The effect of this is usually to make the paroxysms lighter and the intervals longer, while in a good proportion of cases, provided the remedy is continued for a sufficient length of time, they are stopped entirely, and the recovery is permanent. It also causes a brightening of the mental powers, and a more cheerful aspect. In most cases, one of the first reports is that the patient looks and feels brighter and better. No ill effects have been noted.

In connection with the use of verbenin in epilepsy, it is wise to discontinue the use of salt in the food; to limit the diet strictly to the needs of the system; to restrict the nitrogenous food to a small amount; to keep the intestinal canal clear and aseptic; and to see that the liver and kidneys are kept active. The entire body should be examined carefully for any sources of reflex irritability, and if these



The very busy man finds in the Treatment of the Sick an epitome of practice condensed from about 600 authors.

You want to know what to do, and to know it quickly; what the masters did; it is given in the Treatment of the Sick.

are found they should be removed if possible. As the paroxysms of epilepsy have a tendency to recur after an interval of quiescence, the treatment should be continued for at least two years after the subsidence of the paroxysms.

It is not to be supposed that this remedy is adapted to benefit all cases of such a protean disease as epilepsy has shown itself to be. It is therefore especially important that careful study should be given to every case, with a view to determining the special indications for the remedy, the cases which it may be expected to benefit, and those which it is powerless to help.

My own experience with verbenin has been limited to one case, which is still under treatment. On Nov. 7, 1902, I was called to see Mrs. X., a woman of 60, who had been subject to occasional attacks of epilepsy during the greater part of her life, though as a rule they had not been very frequent or severe. She was a woman of good heredity, excellent habits, and comfortable circumstances. During most of the time her general health was fairly good. But for several months previous to this time the attacks had recurred with more than the usual frequency, and her nervous system was suffering correspondingly. Under these circumstances she placed herself under the care of a competent and skilful physician in Boston, who gave her the compound bromide treatment, a method which had proved successful in many cases, but which proved injurious in hers. It was soon evident that the effect of the bromides was unfavorable upon her nervous system. The paroxysms became more frequent, her nerves became uncontrollable, her mind was

blurred and confused to a greater degree than ever before, and she suffered from backache, headache, gastric derangement and suppression of urine.

After spending some time in studying the case, and in endeavoring to combat the condition by the usual remedies, and finding no improvement therefrom, I resolved to make a trial of this, to me, new remedy. On November 25 I began giving her verbenin 1-5 gr., one tablet three times a day and increasing by one tablet each day, until she was taking six tablets three times a day and this treatment she has continued now for more than thirteen months. I also directed her to regulate her diet quite strictly, avoiding nitrogenous food almost entirely, and for salt substituting sodium bromide. Later it became evident that even in this limited amount the bromide was injurious to her, and she dropped it entirely, and went without salt absolutely, except such as was in the food which she ate from the common table, with evident benefit from the change. I took special care to keep her bowels active, and also the kidneys.

Other remedies were used as needed for special symptoms, but this was the dominant treatment. She was an intelligent woman, and gave me her full cooperation in the endeavor to check and if possible overcome the disease. On February 11, she had two light attacks, but since that time, now ten and one-half months, she has had none. Not only that, her general health has greatly improved. The confusion of mind, the nervous weakness, the headache, the backache, the muscular weakness, the renal insufficiency, have all disappeared, and her strength has greatly improved. I am aware, however, that it is too early



The busy man who can only read by snatches, but wants what good comes from alkaloids, carries Shaller's Guide in his pocket.

Clean cut, clear and concise yet explicit; the alkaloidal management, in Waugh's Diseases of the Respiratory Apparatus; \$1.00.

to claim that she is cured. I shall continue the treatment for at least another year.

J. M. FRENCH.

Milford, Mass.

—:o:—

This article from the *Therapeutic Digest* is an interesting review of an interesting remedy that has not received half the attention that it deserves. We congratulate Dr. French for his admirable presentation of the subject. The last word has not yet been spoken concerning the treatment of epilepsy. There is nothing about this disease that makes it essentially incurable. The therapeutic possibilities are yet to be reckoned with.—ED.



HYDROCEPHALUS AND TUBERCULAR MENINGITIS.

It is a well known fact that the nervous system, in our present abnormal condition, is being developed at the expense of the physical; also that a tubercular diathesis is greatly on the increase and that the latter is due to improper marriage, depraved passion, bad food, drugs and to the presence of irritation in the body.

Children who possess this depraved or scrofulous habit, have deficient vital forces, are feeble in vegetative power—their blood is highly albuminous, the corpuscles do not attain their ordinary size, hence we have an irritation, while effusion is often rapid.

The extreme impressibility of the nerve centers, the cerebrospinal axis to irritation, from teething, worms, diarrhea, cholera infantum, etc. Reflex irritation excites inflammation of the brain through the medulla and as a result seri-

ous effusions often take place in these conditions.

When the effusion is likely to take place in tubercular meningitis the following symptoms are usually present: Strumous diathesis, malnutrition, great peevishness, extreme restlessness, short, dry cough, intolerance of light and sound, headache, giddiness, occasional febrile conditions with exacerbations and remissions, appetite very variable, secretions arrested, furred tongue, offensive breath; when asleep he moans or groans, eyes partly open, awakes in alarm with a scream and rolls his head in the pillow. These symptoms may last a week when the little sufferer becomes drowsy and inclines to be quiet; there is flushing and paleness of the countenance, the face is pinched and expressive of suffering with the brow "knit;" he is sleepless and shows weariness and there is headache and irregular pulse, 120 to 180.

Often a remarkable remission of symptoms suddenly occurs, that "lightening before death," but the improvement is of short duration. Stupor and heaviness supervene with squinting, convulsions and paralysis, feces and urine passing involuntarily.

The disease in this way may continue for several days, the patient passing into the most profound coma. The pulse becomes small and feeble, the extremities cold and the case terminates in convulsions or paralysis.

The ophthalmoscope is a powerful aid to diagnosis in tubercular meningitis before convulsions set in. It exhibits peripheral congestion of papilla, distortion of retinal veins with varicosity of same.

In order to prevent effusion taking place the patient should be carefully



Byron Robinson's book on the Vagina and Perineum seems to gain in popularity instead of becoming obsolete. Ahead of his time.

Treat yourself to a real vacation; and first read how to do it, in the Houseboat Book. Dr. Waugh's Cruise down the Great River.

nursed, bathing indicated, circulation efficiently controlled with aconitine and digitalin; he should be kept very quiet, sleep being produced with the bromides alternated with scutellarin. The secretions should be kept very active by means of saline laxative and good nourishment. Iodide of potassium in small doses should be administered daily about three hours apart.

Occasionally hydrocephalus is met with as a congenital affection, but generally it is associated with cerebral diseases. When effusion takes place the head attains great size. The unossified sutures yield readily to the pressure of the fluid, bones are thin and transparent, meninges thickened. Sometimes the effusion is uniform throughout, sometimes on one side and then on another. The quantity varies from a few ounces to some pints. It is often a sequel of scrofulous inflammation. There is emaciation, enormous appetite, poor digestion, a small face, globular cranium, the head dropping on one side; the child is imbecile, irritable and peevish.

These patients often have epileptic fits, muscular weakness, rolling eyeballs, often strabismus or amaurosis, headache, nausea, constipation, dark-colored, offensive stools. If not relieved we have stupor, pallor, slow pulse, dilation or contraction of the pupils, sinking of the nose and lips. If remedies act favorably the symptoms subside; appetite returns to normal, digestion improves and emaciation diminishes. If the case is about to terminate unfavorably, there is excessive prostration and rapidity of the pulse, and paralysis, coma and convulsions end the case.

Treatment: As the primary cause of tubercular meningitis and hydrocephalus

is the scrofulous diathesis the treatment should be directed to changing or modifying that abnormal condition.

An enfeebled condition of the vital forces is the starting point; this deteriorated state of the nervous system renders the elaboration of the blood imperfect—hence the diathesis, so that the children born with this impress stamped upon them should be strengthened as much as possible. Nourishing food, meat jam, malted milk, etc., food to supply waste. Fresh air to develop desire for food, rest indispensable to both. For medicine use the compound stillingia alterative, neuro-lecithin, etc.

W. C. BUCKLEY.

Philadelphia, Pa.



INTESTINAL TOXEMIA.

Some time ago I bought a few "bilein" tablets and have been taking them myself. They are the first thing that has seemed to "touch the spot" with me. I suffer from intestinal toxemias, muddy complexion, and a constant feeling of fatigue or laziness, dilated colon (ascending), indicanuria, etc., and these little "bile pills" have greatly relieved me. Now, what is it? I do not like to take or prescribe a thing the composition of which I do not fully understand.

Calcium iodized and the coryza granule are indispensable in my work. I wish every doctor knew the value of calcium iodized in respiratory diseases. But, pardon me, your dosage is entirely too small. I frequently give from five to ten grains several times a day, especially for the coughs of grippe and hay fever. I wish you would make some one-grain tablets. It is so troublesome giving three or four tablets every dose and I can



A very few books give a picture of the Civil War from the inside; real history; like Daniel's Recollections of Rebel Surgeon.

There is a human interest about Bryce's Ups and Downs of a Virginia Doctor that goes straight to the heart.

hardly recall a single case where I could have obtained any results with the 1-3 grain dose, even frequently repeated. I should think that if you substituted the one-grain for the 1-3-grain tablet that you would obtain more satisfactory reports. This opinion is not formed hastily but is based upon the analysis of over one hundred cases. In no instance were small doses as satisfactory as doses four or five times as large as you advised. True, you advise "dose enough," but the "enough" is too slowly reached by small doses. In obstinate cough and croup I have frequently given a teaspoonful of the powder at one dose with phenomenal success.

The "anemia and chlorosis" pill is a dandy, too, but like a great many other preparations the dose is too small—takes a handful to do the work, but, then, a handful does the work, and does it well. I wish you all the success that you so richly deserve in the good work you are doing for therapeutics.

B. K.

—, Alabama.

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I am pleased to note what you have to say in regard to bilein, in which, as a new specialty, we are deeply interested. You say "it touches the spot," and that is the very best endorsement you can give us. I trust, Doctor, that you have followed my series of articles on "Hepatic Insufficiency," which appeared in the CLINIC, several months past.

You ask me what bilein is and I am glad to tell you, having repeatedly published this information. Bilein consists of the c. p. alkaline salts of pure and fresh ox bile, the desirable, stimulating, non-excretory and non-toxic property of this invaluable physiological secretion; all the

details (with the rationale of its use) are published in the series of articles above referred to.

I note with pleasure also that you are much pleased with calcium iodized and the coryza granule. I certainly agree with you in expressing the wish that every doctor knew of the value of calcium iodized as some few do. I note what you say in regard to our dosage being too small. Well, perhaps you are right. You must remember that this is a new product, that we are going carefully in our promotion of it, that we are expecting great things of it and in working out these great things we expect to change our views, modify our presentation and enlarge our own information very much. We are glad to have your suggestions and we hope that you will come out strong and tell us of your further experiences. Doctor, this letter is "chock full" of inspiration. You boys of the South should be able to help us a great deal on dosage. I am inclined to think that in your latitude and among (if I am not mistaken in regard to customs) your drug-ridden and therefore rather drug-tired people, larger doses are required than are required up here among our more rapid-living and higher-tensioned people, to produce the same result. This is a point on which you can help us a great deal and on which I earnestly urge you to lend a helping hand. We shall be pleased to hear from you again and from others who may be prompted, by the reading of this, to give their experience.—Ed.

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SOME THINGS TO INDORSE.

Perhaps there is not a medical journal anywhere that is fully indorsed by every

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The only pocket case book published that is legal evidence in a court of law is the Physicians' Protective Accountant.

Some day you may sue a patient and then you will wish you had the legal record in the Physicians' Protective Accountant.

one. There is no man perfect, and no imperfect man can make a perfect medical paper. There are some things in THE ALKALOIDAL CLINIC I do not like, but there are some things to interest and please. Your articles on "Our Friends, the Enemy," and "Let Us Scotch the Snake," in the January number, are interesting and useful; and should be indorsed by every member of our profession.

It has been a source of wonder and regret with me for many years that so many preachers, lawyers, judges, congressmen and the like will recommend any kind of patent medicine, seeing they know nothing about such things. But when men of such character and standing lend their influence to the sale and use of poisonous and intoxicating drugs under the guise of medicine it is perfectly astounding.

Many of these men would think it horrible to take a drink of beer or light wine, yet they will use and recommend, even to patients under the care of a physician, preparations containing five or six times as much alcohol. Religious papers will carry advertisements of preparations containing not only enough alcohol to intoxicate, but in many instances they will advertise preparations containing woe! alcohol which every physician knows is a deadly poison.

In many localities there are little country stores that live on the sale of these so-called remedies, really nothing more than intoxicating drinks of the poorest quality. These preparations are made to sell in prohibition countries and towns. There is nothing I can think of at this time which the national administration could do which would redound more to the benefit and happiness of the people

than the passage of a stringent law prohibiting or restricting the sale of such preparations. But instead of that the sale and use is encouraged by the government or by the officers of the government who administer this department. Instead of being sold and taxed as intoxicating drinks they are sold as medicines.

Many men who cannot buy whisky or brandy, because the laws prohibit the sale of such things, will go to one of these country stores (in the country whisky is seldom sold legally) and buy and drink a bottle of such "medicine" on the spot, and go away as happy as when he has filled up on straight whisky. Every one who has given the subject a moment's thought knows such a state of affairs is worse than when liquor is sold according to law. Yet the leading prohibitionists of the country as a rule indorse some or all of these intoxicating drinks and recommend the use of them as medicines.

Should a doctor step up to a man who is being tried for his life for murder and tell him to try something else and let the lawyers alone, he would be laughed to scorn or treated as a lunatic. Let him step up to the "sacred desk" at a religious revival and tell the "penitent" who is seeking his soul's salvation, that the preacher does not know his business, and he will be immediately arrested for disturbing religious worship. But let any little two-by-six preacher visit a family where a man's life is at stake, and in many instances he will prescribe some one of these intoxicating drinks. Of course no well-informed, well-balanced preacher will do this. But the fact remains that many do just such things as



Did you ever run up against a dealer's book account? Got soaked? Use the Physicians' Protective Accountant and get even.

It is the unfamiliar, the unknown, which the mind magnifies and distorts. There is no glamour about the alkaloids.

this, and no one suffers by it but the doctor and the unfortunate patient.

Let the national congress at its next session pass a law requiring all secret medicines to have the names of the remedies used in their preparation printed on the label; this will do more to stop the evil than anything of which I can conceive. Next, let a law be passed that all preparations containing a certain per cent of alcohol be sold only under the laws regulating the sale of intoxicating liquors. But no such legislation need be expected. Too many congressmen are afraid of losing a vote.

But we as members of the noblest profession on earth should do our duty whether the politicians do theirs or not. Let us continually "cry aloud and spare not." Let every physician instruct his patients on this subject. Let him speak out against it on all suitable occasions. It is our duty. If it does good, so much the better. If it does no good (and we cannot hope to do a great deal so long as preachers, congressmen, judges and such characters recommend such things) we will have discharged our duty, and no man can do more.

If D. G. T. will give his flea-bitten patient a thorough course of treatment for chronic malarial poison (whether he sees any manifestations of it or not) and then use the local treatment he has been using on his case, I think he will be successful.

C. KENDRICK.

Kendrick, Miss.

—:o:—

We are glad to know that you are in full accord with us in our efforts for the undoing of this vicious, soul-destroying traffic in the "rum remedies." We have taken up this fight seriously and intend to

keep pounding away at it until we awake in the minds of the medical profession some conception of the enormity of this evil business and its results.

The medical profession, more than any other, has a duty to perform in this connection. It must enlighten the people concerning the nature of this vile stuff which is being unloaded upon them, especially, as you say, through the country stores in the guise of "medicine." There can be no doubt that men of influence—preachers, lawyers, and even we fear, doctors sometimes—are largely responsible for the continued sale on these alcohol-loaded beverages, which masquerade as catarrh cures, bitters and cures for all kinds of troubles. We believe that considerable responsibility rests on the religious press which, heretofore, has been one of its defenders.

Doctors, through their church connections, are in a position to bring the danger of such advertising home to their own religious organs—and they ought to do it. Then, to educate the people concerning the danger of these nefarious decoctions, they should help push the circulation of such a magazine as *How To Live*, whose purpose is to "hold up the hands" of the medical profession in this great work. Brethren, won't you do your share?—ED.

PHYSIOLOGICAL ELIMINATION VS. ANODYNES IN THE TREATMENT OF RHEUMATISM.

Prompt relief of pain in rheumatism, while affording the greatest satisfaction to the suffering patient for the nonce, is not always the first step in the cure of this obdurate malady, more especially so when one seeks to relieve the pain by the

Superstition and mysticism rebel against the glare of broad daylight; but if we are ill we prefer science to credulity.

Supernaturalism in ordinary life dies hard, use alkaloids scientifically and add a top-dressing of mystery.

all-too-common use of coal-tar and opium derivatives.

Whatever the real cause of a rheumatism may be, the condition we denominate as such is unquestionably one of suppressed elimination, a true indigestion with a choking up of certain of the body secretions, notably of the liver, and the retention in the tissues of uneliminated toxins.

The coal-tar preparations not only do not as a rule tend to induce physiological elimination, but, when combined with opium or other anodyne derivatives, simply deceive both the physician and his patient—by their pain-relieving action actually retarding elimination processes; more securely locking up the sluggish secretory functions and adding, also, to the already accumulated storage of toxins in the system.

As has been shown in these pages, calcium carbonate, lithium carbonate, and colchicine, by giving direct assistance to that phase of body chemistry which has to do with elimination, are the most rational remedies yet devised for the removal of those factors which are the essential features of the condition we call rheumatism, gout, suboxidation, imperfect metabolism, etc.—these with frequent and repeated saline purgation.

Although this action of calcium carbonate may seem in a measure empirical, little more can be said as to our knowledge of the primal cause of the formative processes resulting in the above-named disease conditions.

Elimination is not only produced by the use of these remedies but they also produce a wholesome condition of the body fluids, restoring the necessary alkalinity, and, when used, in "dose enough"

as each individual may require, rapidly bring about a cure in most instances.

The coal-tar-anodyne-retention treatment is utterly irrational, while physiological elimination as above is the rational method of treating the rheumatic and gouty diatheses. The latter aids nature in her endeavor to open up the sluice-ways of elimination, the former, while deceiving the doctor and his patient, locks up, with an added bolt, the gates of exit—the emunctories of the body.

W. C. ABBOTT.

Chicago, Ill.



THE ETHICS OF ADVERTISEMENTS.

I have grown to like the CLINIC very much for many reasons. It has been very helpful to me, has caused me to read and reread Shaller's Guide and Abbott's Alkaloidal Digest and later to order the W-A Alkaloidal Therapeutics. After obtaining a working knowledge of the alkaloids I have found them much quicker, more accurate and generally more satisfactory than the old galenical method which I have used for fourteen years. I not only read the articles published in every issue, but I also generally scan the advertisements, since I am on the lookout for any new ideas in therapeutics.

I was sorry to see in a late number of your journal the first thing to condemn. I refer to the advertisement of _____. I have no idea of suggesting how your business should be run, but I do object to any journal coming to my office which accepts unethical advertising. I have dropped several journals on this account and desire to know your feeling in this



The wise physician may use a cloak of mystery, but he bases his practice on science and known facts alone.

An unexpected success may please us, but there is a greater satisfaction in earning it by correct reasoning and practice.

matter, toward the earnest, studious, burdened, ethical man in medicine, before ordering the CLINIC discontinued.

W. F. S. TAYLOR.

Poplar Bluff, Mo.

—:o:—

I have read your letter with great interest and appreciation. In fact, I am free to confess that in the main your ideas are closely in harmony with my own, but here is the difficulty. We are heart and soul with the physician, and against his enemies, but, Doctor, we have many thousands of subscribers, and more of them than you would think possible: take this ground, that it is their right to use whatever remedies they prefer, and that neither we nor anybody else has the right to dictate to them on the subject; neither directly or by the indirect method of excluding an advertisement of a thing they want to know about and may want to use, and we quite agree.

It is no necessary endorsement of a remedy or of all the methods of the manufacturer that we carry his advertisement in the CLINIC. If we are aiding him to promote to the laity, as against the physician, it would be quite another thing; but the CLINIC goes to doctors only and it is up to them. We carry the advertisement for the price—this one and others, to enable us to give you a \$5.00 journal for only one dollar.

That we carry an advertisement means only that so far as we know the advertiser does what he says he will do in the matter of dollars and cents and pays for his advertisement the agreed-upon price.

Just now there is a big effort being made by a number of medical journals to exclude a large proportion of proprietary advertisers; but it is claimed there is a

"nigger in the woodpile," that the real impetus back of this demand is from certain drug firms which make a specialty of stealing every idea originating with other firms in order to furnish imitations of these articles themselves. Of course if they can compel manufacturers to publish their working formulas and their methods of manufacture their traveling agents can assure the physician that the substitutes they offer are made exactly in the same manner as the original. This would render it simply impossible for any other firms to profitably place any new articles upon the market, as the expense of placing them before the public would not be recouped until the pirates had gobbled them up.

Now, Doctor, this does not interest us particularly, because we have never devised a formula which has not been unreservedly given to the profession and the manufacturer alike. Many millions of granules are sold every year which are made on our formulas by every pill, granule and tablet manufacturer in America, yet we have easily held our supremacy by reason of quality. A good many men feel just as you do, Doctor, and yet a good many others say to us bluntly that it is none of our business or anybody's else if they choose to use these things to which you and I object. So, desiring to steer clear of both Scylla and Charybdis, and in no attempt to please everybody (not desiring to lose our ads in the bargain), we position ourselves for the CLINIC as above.—Ed.

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SHALL WE DISPENSE OUR OWN MEDICINE?

This is a subject which is of vast importance to both physician and patient.

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The first time a physician employs medicines applied with true insight into conditions, with success, he rises to a new plane.

One success based on a knowledge of the case and the correct application of remedies, opens the door to a new world.

We see this matter discussed from the pharmacist's point of view and from that of physicians who are opposed to dealing out their own remedies because of the extra labor and fear of making mistakes. They feel that if a prescription passes through the druggist's hands he will notice any error and thus save the life of a human being or cause a more speedy cure.

For myself, I would say most emphatically it is the duty of every physician to dispense his own medicine.

1. Because human life is too precious to risk the loss of time. There is sure to be delay if you send a man or woman to the drugstore, and a few minutes' delay may mean death to your patient.

2. We should give our own remedies because the patient has more confidence and faith in the medicine if prepared by the doctor himself.

3. If it is dispensed by the physician he can compound it to suit the idiosyncrasies of each case.

4. At this stage in the medical history it is the doctor's duty from a financial standpoint. Competition is so great that he must try to hold his patients under his own control, which by dispensing of his own remedies he can do besides receiving the profit which would accrue from the refilling of the prescription. Otherwise, the druggist receives the greater harvest of your labor and study.

5. He can save his patients much expense and in consequence of this they will call oftener for minor troubles.

6. Your patients are relieved of the embarrassment of outsiders knowing his or her troubles and they can be spared being the subjects of drugstore discussions.



Physiology and pathology are the foundations of true therapy; but they are not the entire science of medicine.

You can save many people from untimely graves by doing this. Many a prescription has been refilled by another person than the one for whom it was prescribed, because he thought his ailment the same, when in fact it was entirely different.

I hear some doctor say, "I cannot carry variety enough to meet all cases." You can, my dear brother, if you will cease to be behind the times, and use alkaloids. Then you can see the action of your remedy while you wait, for they are both potent and efficacious.

W. E. ANDERSON.

Englishtown, N. J.

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This is a timely letter, a few pertinent and important straws in the great framework of reasons that could be given for doing this thing. We invite letters from others pro or con.—Ed.

DEATH OF DR. A. R. GAREY.

We have only recently been informed of the death of one of our oldest and most esteemed friends, Dr. Alonzo Randall Garey, who passed away at Ashland, N. H., March 25. He was one of the earliest subscribers to the CLINIC and an enthusiastic advocate of active-principle therapeutics.

Dr. Garey was one of the most able and highly esteemed physicians in northern New Hampshire. He was born in Oldtown, Maine, June 5, 1850, thus making him 54 years, 9 months and 19 days of age. He attended one year at Bowdoin College, Maine, then going from there to New York, he graduated later from Bellevue Hospital Medical College. He first began practice at Sandwich, but only for a short time, go-

The physician who neglects physiology and pathology builds his house upon the shifting sands.

ing from there to Ashland, at which place he continued to practise, with the exception of about two years, until the time of his death. For two years* he had been in failing health, but had not been obliged to discontinue his practice until within a few months. He was stricken with paralysis which was followed by *la grippe* and bronchitis, which hastened his death.

HERE'S A GENEROUS OFFER.

I notice in the December CLINIC some writing on a camp or outdoor life for consumptives. That is in perfect accord with my notions. I honestly believe that if a consumptive will come to this country and live out of doors and follow Burggraev's treatment, if any is required, nine-tenths of them will get well. Relieve the cough, attend to digestion, drink our good water, live on wild game for meats, of which we have plenty here in the mountains, and on our fish taken from the Colorado river and mountain streams. The living will be cheap. The winters are reasonably mild here.

I have leased a small ranch that runs up into the mountains and will move my family there soon and it will be open to campers, free of charge, and I will do my utmost to make life pleasant to any suffering one who may come. If any one contemplates coming and will write me in advance I will make such arrangements for them as they desire. The valley is eighteen miles from Llano Town and twenty-five miles from Lampasas.

C. M. ABERNATHY.

Tow, Tex.

Here is a generous offer, which we are sure will be taken advantage of. We wish to thank Dr. Abernathy for making it, in behalf of the CLINIC family.—
ED.



THE PHILOSOPHY OF THE QUACK.

To Fame but few are born.
You must know no *no*.
Do or die. Friend and foe
Alike must suffer
That you may rise. Her
Cap, Wisdom must doff
And bow when you scoff.
The rich man's abode
Must open wide. Code
Of Ethics, all must fly
At your command. Buy
The knave's love with smiles.
With smiles meet all wiles,
And laugh the world to scorn.

The above might justly be called "The Philosophy of the Quack," eh? Lord Bacon, damned to immortality by little Mr. Pope, as "the wisest, brightest, meanest of mankind," might approve the sentiment expressed in the lines above.

I used to imagine that I would like to operate a pipe line from the "Pierian Springs," but I find the practice of medicine to act as an effectual plug. But for the following quotation, run across in one of the current magazines I should not have been guilty of being again a rhyminal:

"Smiles, false smiles, should form
the school
For those who rise and those who rule.
The brave they trick, the fair subdue,
Kings deceive and States undo
Smiles, false smiles."

Only the diplomat of genius, git, grit and greenbacks would adopt such a policy.

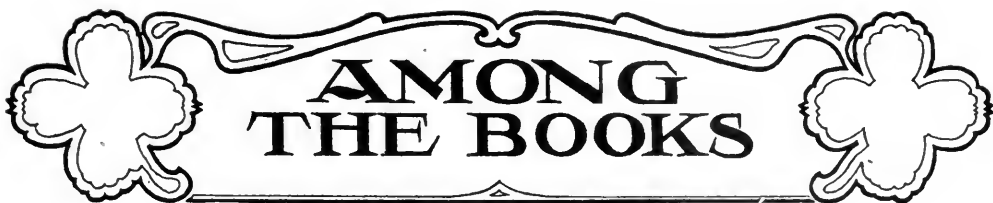
OLIVER O'BAR.

St. Louis, Mo.



The physician who studies physiology and pathology and neglects therapy lays his foundation and stops building.

Base lines on earth enable us to measure the star orbits. Certainties in therapy light up dark corners in pathology.



AMONG THE BOOKS

A most important work on *The Practice of Medicine*, is that by Prof. Hobart Amory Hare. We do not find the work to be exhaustive on every subject it treats of, such a book no man can prepare at the present day, and limit himself to one, two or three volumes. But we think the book has not left out any subject of the least importance, and in one department, that of tropical diseases, Prof. Hare has gathered in this volume an amount of information not to be found in other works on general practice. Few physicians, even our best, are so well fitted by decades of teaching and authorship to give us the latest, best, and most needed in practice, as this author is. What some of us bookworms and difficult-to-be-satisfied delving ones will miss in this volume is a bibliography. But the author did not have us in mind. Publishers, Lea Bros. & Co., Philadelphia, 1905. \$5.00.



Chemical and Microscopical Diagnosis, by Prof. Francis Carter Wood of Columbia University, New York, is an excellently-conceived book for the progressive practitioner. It represents the labors, results and finally-ascertained methods of diagnosis in practice which have accumulated in the last decade. It is true that we are but poorly paid for painstaking diagnostic work, but the consciousness of having done the utmost to ascertain what the patient entrusted to our care is suffering from is not to be obtained for and is beyond any fee. For such work the book of Dr. Wood is an

excellent guide. The whole procedure on any diagnostic point in the book represents the triumph of close deductive reasoning for which we have to be thankful. Publishers, D. Appleton & Co., 1905. \$5.00.



Another and most valuable book for the medical student as a text-book and for the physician as a reference book is Dr. Jas. W. Holland's *Text-Book of Medical Chemistry and Toxicology*. Many of us who graduated decades ago, though we have followed to the best of our abilities and the allowance of the time at our disposal, the constant accumulation of needful new knowledge in the various departments of the profession, have plenty of opportunity to forget the new things we have learned in our advanced years. Occasions occur when we have to refresh the memory on the important details of a chemical point, organic or inorganic; and where in honest practice can chemistry be eschewed? On such occasions Dr. Holland's book will prove a friend and guide indeed. Publishers, W. B. Saunders & Co., Philadelphia, 1905, \$3.00.



The Man of Sorrows, by Elbert Hubbard, East Aurora, N. Y., 1905, \$2.00. This book purports to be a "simple historic sketch" of the Christ. We read it through from cover to cover, and it reminded the writer of an anecdote. My friend, the late Rev. John Lichtenstein of Cincinnati, Ohio, was in his younger days a protégé of the great German jurist, Frederick

Julius Stahl. In those days Karl Wilhelm Fried. Schlegel lectured in Berlin on the Philosophy of History. Stahl wished to hear those lectures, but some etiquette hindering him, he gave young Lichtenstein a louis d'or to pay the admission fee and asked him to report. When young Lichtenstein reported the first lecture, Stahl said: "I have enough, it is not the Philosophy of History by Schlegel, but the History of Schlegel's Philosophy." So, too, I thought, it is not Hubbard's history of The Man of Sorrows; it is a sorrowful history of Hubbard's erratic conception of the Christ. Starting out, Renan-like, with the assumption that miracles are *a priori* impossible, he does not hesitate to make of the mother of Jesus a young woman of loose morals, and of Jesus an over-exalted paranoiac, both of remarkable character. That the half of Christendom worship that Jewish woman, and the other half worship her son, that the Son stands as the towering pillar dividing human history into "before Christ" and "after Christ," counts for nothing to Hubbard. There is, we admit, a sublimity in the bold and elephantine rushing in where angels fear to tread, but extremes meet and from the sublime to the ridiculous is but a step. It is ridiculous to see an intelligent man like Elbert Hubbard claiming to write history and denying historic events for which ages and millions stand as witnesses.—But the binding, paper and printing are fine, and the book is quaint and worth the price.



An important little book for the coming summer in the Diseases of Infants is *The Summer Diarrheas of Infants*, by



Dr. H. Illoway, published by E. R. Pelton, 1904, \$1.00. Dr. Illoway has had a large pediatric practice, both before bacterial times and since then. His contention, in this little book, which is a systematic restatement of the same as it occurred in his contributions to various medical journals, is twofold: (1) That there is a special diarrhea of infants which occurs in the summer only, and (2) that the etiology of this special diarrhea is the heat of the summer season. These propositions are illustrated with striking cases. The author's contention compels attention, more so when we think of the disturbed vascular and nerve balance between skin and gastrointestinal mucosæ during the heated season. The author will please reread Habakkuk, 2:2, in the common version, and avoiding a common error, state in a second edition, "that he may run that readeth it," on page 20.



In the August CLINIC of last year, page 880, we commended Dr. William H. Burgess' *New Field*, Part I, Diagnosis, as "meaty," and stated that it would reward careful study. We have now before us Part II, *Therapeutics*, and Part III, *Further Talks on Diagnosis* in more difficult conditions than those talked about in part first, viz., in Diseases of Women and Children. The three parts comprise 480 pages, 5 x 7 inches, brevier type, of closely-printed and more closely still, reasoned material for the thinking, truth-seeking physician. As the books come directly from the author's long and successful practice, it is largely clinical yet not professorially bound to traditional therapeutics. The author invites criticism by which he hopes to be profit-

We want you to be a better doctor, wiser, more useful, a thinker not a parrot, a prescriber, not a copyist.

Nature's way is to recognize conditions first, name the disease afterwards, but treat the conditions at once.

ed, for he does not claim to be a "know-all," as those who know little or nothing. We do not agree with the author on all points, but on much. The author recommends sponging of the whole body with epsom salt in nearly every disease. We shall try it. The three parts cost \$1.00, a trifling amount for the bracing, stimulating thought with which the pages abound.



The *Annual Report of the Surgeon General of the Public Health and Marine Hospital Service*, for the fiscal year, 1904, the Government Printing Office, is exceedingly useful as a record of sanitation, and of endemic and epidemic diseases.



From Lea Bros. & Company we are in receipt of their Medical Epitome series: (1) *Diseases of the Eye and Ear*, by Drs. Alling and Griffin, edited by Dr. Pedersen, and (2) *Medical Diagnosis*, by Dr. Hollis, and the same editor. This series, some twenty-five little books, is highly recommendable for the purpose for which it is intended, i. e., the review of subjects upon which a person's knowledge is uncertain in some of the departments of the medical sciences and arts. Price per volume, \$1.00.



Essentials of Practice of Medicine, by Dr. William R. Williams, of the Columbia University, Medical Department, is a book of large dimensions; and very useful for students and practitioners to keep themselves up-to-date with the progress of our profession. Publishers, W. B. Saunders & Co., 1905, \$1.75.



Condition diagnosis comes easy to the beginner; the usual method warps him into wrong lines that ruin him.

Thoughts for the Occasion, Fraternal and Benevolent, is a useful book of information about the various fraternal societies in this country. The speeches made before these bodies on special occasions give a fine illustration of the work these societies are doing. The book is compiled by Franklin Noble, D. D., and is published by E. B. Treat & Co., New York, 1905. \$2.00.



How to Study Literature, by B. A. Heydrick, third revised and enlarged edition, published by Hinds, Noble and Eldridge, N. Y., 75 cents. It will be found of great use in mastering a book that is worthy to be mastered. One book thus read is worth hundreds superficially read. "Beware in controversy of the man who mastered one book."



The Thyroid and Parathyroid Glands, by Dr. Hubert Richardson, is a very welcome and helpful book. The "internally secreting glands" seem to be of first importance for the well being of animal organism. This is a modern physiological and therapeutic discovery of which no physician may remain un- or misinformed. In the book before us we find the thyroid treated historically, histologically, chemically, pathologically, therapeutically and in other usefully informing ways. Its 259 pages, 9½x6½ inches, and 77 excellent illustrations, contain it seems to us, the ultimate known on the subject. Publishers, P. Blakiston's Son & Co., 1905. \$3.00.

There is an epidemic of bad Latin in the medical publishing world of this country. Not less than five times have we met lately with "*per orem*" in three

How hard it is for the beginner to get into the unnatural path of beginning with a diagnosis of the name of a disease.

medical books, one of them the one before us, page vi. The remedy for it will be found in Robinson's Latin Grammar of Pharmacy and Medicine.



The Quarterly of the *International Clinics* begins in April, 1905, its fifteenth series, and of it Volume I. It is as usual replete with useful articles of both scientific and every-day practical usefulness. The general subjects are Treatment, Medicine, Surgery, Neurology and Obstetrics. Then it gives 110 pages to the "Progress of Medicine during 1904." We have rarely met with a review that gives the progressive physician such an opportunity to find out what he does know, what he does not know, and of what he and others of the profession should know more. Publishers, J. B. Lippincott Co., 1905. \$2.00.



A very useful monograph on the *Malformation of the Organs of Women*, is that by Dr. Ch. Debierre of Lille, France, translated by Dr. J. H. C. Simes. It is our impression that our French confreres are specialists in teratology and organic malformations, and the book before us is a fine evidence of our impression. The translation is very satisfactory, the illustrations abundant and very good. The table of contents is pretty full, but a good index would be still better. Publishers, P. Blakiston's Son & Co., 1905. \$1.50.



The Development of the Human Body, by Prof. J. P. McMurrich of the Michigan University fairly represents the present state of Embryological knowledge and theories. The book is in the second edition since 1902. Publishers, P. Blakiston's Son & Co., 1904. \$3.00.



Dr. H. W. Barnum's *Lessons in Vibratory Therapeutics* is out in a second edition, in which he gives a theory of the method. We repeat the commendation which we gave of the first edition, in the August, 1904, CLINIC, page 879. Published by the author at Poughkeepsie, N. Y. 75 cents.



Saunders' American Year Book of Medicine and Surgery, (two volumes) is in Volume I a wonderful account of what was done last year in all departments of medicine abroad and at home. If a physician would like to know what is the latest known, done, or thought about this, that, or the other case he was called to attend today, or yesterday in his own practice, or in consultation, he would be well advised to look for information in this volume. Going through this volume from cover to cover we could not but marvel at the amount of work there was done in medicine during the year 1904! Publishers, W. B. Saunders and Company, Philadelphia, 1905. \$3.00.

Volume II of the same Year-book records the advances in Surgery during 1904. And a wonderful record this is, particularly in what was done in abdominal and chest surgery. It is a book of six hundred and ninety-six pages, well indexed. The utility of such a volume to the general practitioner, one in which he can find the latest and helpful on any case he may meet with in his practice, and which will enable him to give the best advice, is apparent enough. It is a matter of conscience to him in whose hands the life and the health of men are intrusted, to know the latest, the best and the safest that pertain to them. Publishers the same. \$3.00.

The Book of Nature is not a text at any college; but it is, nevertheless, the most valuable and the only essential one.

Study nature; if your texts do not agree with her, so much the worse for the textbooks. Old but forgotten.

CONDENSED QUERIES ANSWERED

PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

ANSWERS TO QUERIES.

ANSWER TO QUERY 4695:—If D. W. G., Arkansas, will use a capsule containing powd. ext. pichi (P. D. & Co.) gr. 1; powd. ext. hyoscyamus, gr. 1-6; urotropin, gr. 5—every three hours—he will not need to wash out the bladder. Some five years ago I was called to treat an elderly lady who had had a pronounced cystitis for some years, and had been the rounds and also to Pittsburg and Cleveland, and on whom I also had exhausted my skill. I had proposed to dilate the sphincter of the bladder under chloroform and wash out the bladder with a strong nitrate of silver solution and leave in a permanent catheter so we could flush the bladder for some days. To prepare her and to render the urine aseptic I put her on urotropin and it cured her, and no operation was needed.

Last winter a man over 80, in the public ward of the S. V. Hospital, was passing his urine involuntarily; he was partially delirious and his urine, when I could get a sample, was the most ammoniacal and fetid I have ever seen. An enormous prostate and an irritable urethra prevented all thoughts of irrigation. I certainly thought he would die, but he recovered and the cystitis was practically cured when he left the hospital, and the main treatment was the capsule named above with strychnine, arsenic and the sulphocarbolates.

Pichi is one of the most positive remedies we have but is sadly neglected. The profession should read it up.

A. M. COOK,

Newcastle, Pa.

ANSWER TO QUERY 4706:—In your April number, in reply to Query 4706,

you have omitted a most valuable peculiarity of apomorphine, its value in small doses, gr. 1-20 to 1-30 hypodermically, in insomnia and delirium, particularly in alcoholism. If I am not in error the above should be credited to Dr. Chas. J. Douglas, of Douglas Sanitarium, Boston. Dr. Douglas' report of this discovery can be found in many of the leading medical journals, American and foreign, of a few years ago. If I am not mistaken the above is recognized in the latest edition of Ringer. For insomnia give bromidia two hours before retiring, with a repetition a half hour before retiring; and on retiring, or better still when the patient is in bed, give apomorphine, gr. 1-20 to 1-30. The effect is magical; sleep comes almost before the needle can be withdrawn and lasts from one to two hours, when the effect of the bromide will carry the patient through the night. The dosage of the bromidia is left to the doctor. Dr. Douglas' address is Centre Street, Boston, Dorchester Sta.

EDWIN M. BANGS.

Russell, N. Y.

ANSWER TO QUERY 4721:—"Cancer" if it is Epithelioma. Take sulphate of zinc two drams. Pulverize it very fine, add enough Spanish brown to give a bright red color and make a plaster of common shoewax a little larger than the cancer. Dust the powder on the plaster until it is covered, except the margin, so it will adhere to the face. Apply a plaster of this night and morning until the cancer comes out of the face, which it will accomplish in from five to ten days. If it is not a cancer it will have no effect; but if it is, the patient's face will swell

up like a dog's head bitten by a rattlesnake and he will think he can't stand it. But he can. On the third to the fifth day you will notice a line or crevice of demarkation showing the boundary of the cancer, which will gradually deepen until the cancer drops out. Then heal the

wound as you would any other. If it fails to heal write me particulars and I will help you if I can. Do not put on any water or use anything on the cancer until it comes out, only wipe it clean. •

L. T. DUNAWAY.

Caplinger Mills, Mo.



QUERIES.

QUERY 4746:—"Calcium Iodized Wrongly used in Fibrinous Bronchitis." I have had quite an experience with calcium iodized in the last week. I have two cases of fibrinous bronchitis, one my mother, 80 years of age, another a lady of 57 years with asthmatic tendency, (cardiac). It seemed to aggravate the trouble as every dose made the hoarseness worse and the mucus more tenacious in quality. The heart-and-asthma patient was treated with two granules of apomorphine every hour; digitalin, aconitine, and hyoscyamine were given from one-half hour to one and one-half hours, as needed. At last I stopped the calcium iodized and dislodged, after a fight of fourteen hours, a plug of mucus, dry and hard, with nitrate of potash. After loosening with apomorphine a plug about 1½ inches long, as large as my little finger, placed her on pilocarpine, 1-67 gr. every hour to effect, with syrup squills comp. to keep mucus loosened. She was doing very well yesterday but had a bad spell yesterday afternoon when the family sent for another doctor while I was away, and I have just been informed that she died of heart failure late last night. But why did calcidin act that way? It has always acted with the very best effects in all bronchial troubles before.

G. W. W., Missouri.

The indication here was to increase the fluidity of the secretion, and for this we might choose instead of apomorphine, emetine and lobelin; pilocarpine acting strongly in this direction, if not contraindicated by the weakness of the heart.



The recognition of pathologic states and fitting remedies to them is the natural and easy method of practising.

For this, sparteine should be added for elderly subjects. Sanguinarine would have aided in expelling the mucus plugs. Judging from its effects in membranous croup calcium iodized should have been effective here, and it is a curious anomaly that it did not. But we do not quite know everything yet, and there may be some as yet undiscovered difference in the morbid processes that will some day explain the matter. The age may make a difference. Iodine may do better for young children.—ED.



QUERY 4747:—"Abnormality of Fingers." I have a case on which I would be pleased to have your advice. Male about 50 years old; a hard-working man, has a hay ranch and always has an irrigating shovel or fork in his hands, which I think causes the trouble. His fingers from the knuckles are always cold and become very stiff, especially in the morning. He has been to several specialists and now comes to me. Thus far I have only tried local applications with no appreciable results. Is it a sclerotic condition of the blood vessels that prevents free circulation? This condition has existed for about five years. I am anxious to help him. Please suggest treatment and oblige.

W. P. B., Colorado.

On its face this is a case of Raynaud's disease. The pathologic condition is a vasomotor spasm of the parts affected, reducing the supply of blood. Inquire if

Practising medicine is too easy by the natural method; we must twist into a strained and unnatural one.

he has cold feet or ulcers about the toes. Atropine directly combats the condition and relaxes the spasms; but this gives temporary relief only, though it aids the local nutrition. Keep the alimentary canal in good order, and if there is a hypertrophied heart or tense arteries give a sufficiency of veratrine.—Ed.



QUERY 4748:—"Tumor over Sternum." I have a case which puzzles me. It is a tumor about the size of a hulled walnut, situated between the breasts, about the juncture of the lower and middle third of the sternum. It is not attached to the bone but there seems to be a thin fibrous band which connects it with the muscles underlying the breasts. The patient is a lady and she insists that her "lump" came in a single night, accompanied by severe pain running along the ribs on the right side (in a line of the tumor) to the back. She is about 35 years old and complains a great deal of rheumatism, although I have never known her to have an acute attack. Otherwise she seems to be in perfect health.

G. B. W., Missouri.

Two similar cases came to the writer: one was a scirrhus coming where a dentist's elbow rested during a tooth extraction. The other proved to be a secondary cancerous nodule, the primary being a quiescent, barely distinguishable growth in the breast. The coming in a single night may be translated as being suddenly discovered; only a vascular growth could arise so quickly. As to treatment—take the tumor out.—Ed.



QUERY 4749:—"Injection Treatment of Hernia." Kindly send us prescription and methods for curing "nearly every case of inguinal hernia (and some femoral) by the injection method" (from



The majority of diseases most frequently met are easy to recognize and treat; if one knows how to go about it.

CLINIC of February.) Just the formula will do—I surely can do the injecting as I have operated with success repeatedly.

Drs. F. & C., Mexico.

The injection method of treating hernia is simple but a great deal depends upon the fluid used and the operators technic. We gather that you have treated hernia by the injection method and only desire the formulæ of solutions? Of these there are many; most of them are composed mainly of ext. quercus alba. The writer has used the "Ideal" hernia fluid advertised in the CLINIC with excellent results; it consists of glycerole of tannic acid, glycerin, tr. cantharides and alcohol.

The celebrated Heaton formula is ext. quercus alba. gr. 14; fl. ext. quercus alba. dr. 1, morphine sulphate, gr. 2. Warren employed ext. quercus alba, oz. 8; reduce to oz. 2 by heat; alcohol 90 per cent, dr. 6; sulphuric ether, dr. 4; morphine sulph. gr. 4. The "Universal" fluid (Albright) is, zinc sulph. dr. 1; carbolic acid crystals, gr. 40; guaiacol, gtt. 40; powd. cantharides, gr. 25; fl. ext. quercus alba. dr. 1; fl. ext. hamamelis virg. dr. 1; glycerite of tannic acid, oz. 1; glycerin (pure), q. s. ad. oz. 5.

There are scores of other formulæ and each operator swears by his own. The writer prefers the Ideal or Universal and has yet to have a failure. The needle must be large enough in bore to allow passage of fluid and long enough to reach well up towards the internal ring. Twenty drops of the fluid are deposited as near internal ring as possible and the needle is turned to spread it over as much of the wall as is possible. A pad is applied and a second injection made as soon as the inflammation has subsided. Often two

The difficulties in medicine are the rarities; qualify yourself for the things you are sure to meet; others may wait.

injections do the work. "The General Practitioner As a Specialist" by Albright of Philadelphia gives the technic in full and also contains several formulæ for hernia and hemorrhoidal injection fluids. The book is worth three times its price to any one who does any work of this kind.—ED.



QUERY 4750:—"Epithelioma." My wife has a sore on her temple, beginning as a small white scale which would come off leaving a red scaly-like place. Now is a thick scab with pus under it. This is easily removed and shows an elevated raw surface easy to bleed. What is it and what treatment would you suggest?
W. J. A., Texas.

We fear that this is an epithelioma, although lupus occasionally takes this form. It is very hard to recognize positively growths of this kind from description. We do not believe this is eczema, however, but suspect it to be one of the diseases we mentioned. We would suggest this treatment: Cleanse the sore with peroxide of hydrogen, dry, and apply a piece of the following powder: pulv. acacia, one dram, arsenous acid one dram. Mix well with a little water, making enough paste to cover the sore. The burning and pain will be considerable for a while and some inflammatory conditions may arise around the lesion. The scab which will form must be softened by the use of poultices applied every three or four hours until the scab loosens. Now, apply pure turpentine (Merck) with a camel's hair brush and dress with iodoform gauze. After a day or two snip off two or three small grafts of skin from the leg or arm of the patient, place them carefully on the surface of the sore (which must have been washed clean with a saline solution), place a

piece of rubber tissue punched full of pin holes over the grafts and sore, cover with two or three thicknesses of iodoform or nosophen gauze and with a dropper saturate this with bovine. The dressing must be kept wet, and the gauze changed two or three times daily. The whole dressing should be protected from the air and germ invasion by another piece of rubber tissue. Internally the antiscorbutic two three times daily between meals and arsenic sulphide one after meals. Keep up free elimination and intestinal asepis.—ED.



QUERY 4751:—"Biliary Calculi." What is the best treatment for biliary calculi?

J. G. E., Tennessee.

Hyoscyamine, glonoin and strychnine, one granule of each every fifteen to thirty minutes, will speedily put an end to the acute spasms. Sodium succinate one tablet and boldine two to four, must be given four times daily to cure the condition. At the same time maintain elimination with hepatic stimulants — the best in this case being dioscorein, followed by salines, and have the region of the gallbladder massaged daily with the finger tips and olive oil.—ED.



QUERY 4752:—"Aconitine vs. Tincture Aconite." Have been anxious to try your alkaloidal granules for quite a while. Is there any more danger in using aconitine than tr. aconite?

E. L. M., Arkansas.

There is no danger whatever in using aconitine if ordinary therapeutic precautions are taken. In using a tincture of aconite you are entirely unable to gauge the amount of aconitine given, but when you give 1-134 grain of aconitine every half hour or hour you know exact-



For intestinal catarrh and sweats of phthisis combine calcium sulphocarbolate with agarcin, after evacuating bowels.

Night-sweats of Phthisis: Schneider obtained rapidly beneficial results from agarcin combined with a base.

ly what you are doing, how much has been administered and can tell almost to a minute when you should obtain results. Of all the thousands of men using aconitine amorphous not more than one or two have ever met with unpleasant experiences, and these would not have occurred had they been familiar with therapeutics. Children are remarkably tolerant to this drug, especially when suffering from the exanthemata. A quarter of a granule may be given to a very young child every half hour until the fever is reduced, with safety; but the rule which absolutely insures security is Shaller's—one granule of aconitine for each year of the child's age and one for the glass added to twenty-four teaspoonfuls of water; of this solution half hourly or hourly to effect—or until physiological effect of the drug is apparent. In adults or older children give the granule with a few mouthfuls of water and continue until relief or tingling of the lips is pronounced.—Ed.

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QUERY 4753:—"Hermaphrodites of Female Type." A case of doubtful gender (12½ years old) and greatly annoyed about it; somewhat hysterical, probably partly from an effort to menstruate (the breasts are painful and developing) is requiring attention. There is a normal looking penis with urethra only to the base, no scrotum, perineum appears like a man's with the scrotum drawn down tight forward. Now I want your opinion as to operating to open vagina.

H. H. M., Michigan.

We would not venture to offer an opinion or give advice in this case without examination of the patient. Hermaphrodites or pseudo-hermaphrodites vary so remarkably in their abnormalities that we can only judge as to the best

measures to pursue by minute examination. We do not quite understand whether the urethra opens at the base of the organ, the latter being imperforate, or whether the urethra ends at the base of the organ and urine is voided through another opening. This may be a hypertrophied clitoris with adherent labia; on the other hand this may be distinctly a male with retained testicles and abnormal external organs. If you could possibly get this case into Chicago we should be much pleased to have the opportunity of examining it and will do our best to aid you. Be very careful about operating there unless you know just what you have to deal with.—Ed.

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QUERY 4754:—"To Dilate Rigid Os." What active principle is it you recommend so highly for inducing dilation of os uteri in slow labor?

H. G. I., Missouri.

The pill you desire for inducing dilation of os is the caulophyllin granule. If you have a copy of *Alkaloidal Therapeutics* (W-A) you will find the effects of caulophyllin thoroughly described. It is one of the most useful remedies we possess. To get its full effect it should be administered in small doses during the last two months of pregnancy. If this is not done and the os proves hard and dilation is tardy, 1-6 of a grain, or even ⅓ of a grain, may be given with a little hot water every ten minutes until relaxation occurs. Another suggestion which may possibly prove worth while is to make it a routine measure to give your parturient woman an ounce of castor oil daily for the last month or six weeks of her pregnancy: you will have an easy labor and the woman herself will bless you and herald your virtues far

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Apocodeine hydrochlorate is sedative-hypnotic, augmenting intestinal peristalsis and secretions; gr. 1-3 hypo.—Combemale.

In mitral insufficiency the use of barium chloride, gr. 1-3 to 5-6, increases arterial pressure and pulse force.—Schedel.

and wide. The cases which are especially benefited by ol ricini are those which have given trouble before—long tedious, dragging labor.—Ed.



QUERY 4755:—"Stricture of Urethra." I have got an old chronic case of stricture on my hands. I recently located here and of course I get all the chronics. This man is an old soldier and I really feel an interest in him and if I can cure or help him it will do me a world of good. He is 60 years old, was a hard drinker years ago (don't drink now), in fact, he used to be an all-round sport. He contracted gonorrhea in 1863. Since I have had the case have had him on methylene blue comp. and tonics, and have been passing sounds every day. Began with a No. 9 French scale, now can pass No. 13. There seems to be lots of mucus and broken-down tissue passing. Used No. 13 last night and about four hours later the urethra closed, at least he could not void any urine. Came to my house and I passed a No. 10 easily, then made water all right and has been doing so all day. His general health is A No. 1 except that he has constipation. He is very anxious to get relief and will do anything to obtain it. What is your opinion and what do you advise? This stricture is very tough and it is sometimes slow work getting a sound into the bladder, but have never failed to do so.

W. N. C., Illinois.

So far as this particular stricture is concerned we imagine that there is a spasmodic condition set up probably by the passage of sounds. Lobelin, one internally with a teaspoonful of hot water and another dissolved in 30 drops or so of hot water and injected into urethra will soon cause relaxation. To cure a true fibrous stricture without urethral incision is difficult. Ichthyol, gr. 50 to the ounce of lanolin, may be applied with good results sometimes but we have



never seen an *old* fibrous stricture cured without surgical measures though we have had a pretty wide experience and know of the claims that are made. An ointment of caroid, pepsin (scale), sulphur and lanolin is said to digest the abnormal tissue—*perhaps* it does. Thio-sinamin is the only agent we know of that might really cure stricture. Gr. 15 and milk sugar one dram should be made up into sixty capsules and two taken daily, morning and night, increasing one per dose till twelve are taken daily. It is in our experience best to take the second dose in the afternoon. At same time gradual dilation should be done. But, Doctor, internal urethrotomy is so easy and so sure, why try experiments? Locate the stricture and operate by the classic means, using cocaine and adrenalin chloride to prevent pain of hemorrhage.—Ed.



QUERY 4756:—"Remarkable Case: Explanation Wanted." We are sending a bottle of blood for examination and would like to have your opinion of the case. Eighteen months ago Miss B. K. had a double parotitis with secondary left ovaritis. This ovary was removed entirely four weeks after the onset by a Minneapolis surgeon. While she was convalescing she developed hemorrhages of a bright red character, no coagulation. This blood was ejected through the mouth with slight coughing, the amount being from a pint to a pint and a half. These have continued at intervals up to the present, always preceded by a feeling of weight over the upper part of the sternum, and respiratory oppression, with rapid pulse. Family history good. Several physicians examined her the first hemorrhage, but were unable to locate any pathologic changes in any of the organs or viscera. These hemorrhages have recurred at an interval of two to three weeks but occasionally she has had

Myocardiac degeneration with collapse, edema, cyanosis and pulmonary stasis, digitalis failed, barium chloride succeeded.

Catalogue in hand of the Cincinnati Polyclinic and Post-Graduate School. Good place to spend your vacation.

two in one week. It is said that she had cataleptic fits on three or four occasions about a year ago.

Present history: About three weeks ago we were called in to examine her and found a young lady, 24 years of age, extremely anemic, very weak, but very little emaciated; temperature normal; pulse 120, regular but weak; lungs absolutely normal, no cough except during the hemorrhage. The heart is normal, no valvular lesion nor aneurism. She was vomiting everything eaten, with slight pain over ensiform cartilage, also slight pain over the seventh cervical vertebra a little to the left.

She has considerable pain over the stump of left ovary at all times which is increased on pressure. Stump adherent to sigmoid flexure. Very constipated. Has never passed blood per bowel. Has not menstruated since operation. Urine is normal. Sleeps well. Does not appear very nervous. Is rather quiet and indifferent. No other painful points.

When first examined she had been eating regular diet. We put her on predigested milk and milk soup which she retained, and has had no vomiting since change of diet. Treatment: saline laxative, tablespoonful three times a day and bowels move regularly; cerium oxalate, cocaine and bismuth salicylate tablet; small doses, fifteen drops adrenalin chloride t.i.d. Had previously been taking ergot and iron. This, with general hygiene and hydrotherapy, has constituted our treatment. The only thing accomplished has been, relief of constipation and vomiting. Hemorrhages as frequent as before and unless we can discover the pathology of same and can relieve, it is only a matter of time when she will die, as she gets extremely weak and requires hypodermics of stimulants and heat to lower extremities.

If you will give this your personal attention and let us have your opinion after examination of the blood we shall appreciate it very much.

Drs. H. & H., Minnesota.



When digitalis cumulates or wears out in heart cases, substitute barium chloride, gr. 5-6 per diem.—Schwartz.

Our pathologist and the writer have been extremely interested in the specimen of blood and case history you forwarded. We find the specimen to be thin like water, color that of aniline dye or elderberry juice, not the slightest sign of coagula or clots, no separation upon standing, a few red blood cells are present, few epithelia and bacteria (probably due to fermentative changes); these we were unable to "place" definitely. This is the most peculiar specimen of blood the writer has ever seen and, while the decomposition may have had something to do with matters (for the odor was something fearful when the bottle was opened) at the same time there is some abnormality in the fluid itself. We cannot decide whether this is a hemoptysis or a hematemesis. The feeling of weight under sternum and respiratory oppression would lead one to suspect the former; the character of the fluid and history the latter. Strangely enough there is not the slightest trace of food with this fluid and if it was vomited there certainly should be something in the shape of stomach contents with it. The ovariectomy which was done on this patient may account for the hemorrhages. We find that such manifestations have followed this operation before; why, no one seems to know. The source of the hemorrhage is also a secret of Nature; unquestionably, local congestion takes place owing to the disturbance of the system and the hemorrhage may follow, its source being of course the congested area—wherever that may be. As a result we may have epistaxis, hemoptysis, hematemesis, hematuria or bloody stools.

We think your treatment is excellent and would continue along the same line. We would suggest, however, nutrient

Sanger Brown reprints an account of three cases of paranoia or chronic delusional insanity; very interesting.

enemata, saline transfusion and the free administration of bovine or fresh beef juice with the triple arsenates and nuclein. You might also with great advantage give calcium chloride and gelatinous foods, thus causing a tendency to coagulability of the blood.—Ed.



QUERY 4757:—"Constant Vomiting: Intussusception?" I have now a case, a boy six years old who is constantly vomiting: unable to keep anything on his stomach, bowels have not moved since Sunday. Kindly advise me. This is his third attack and now he is in bad shape.

C. H. W., Wisconsin.

That boy may have intussusception; if so the stools will be bloody. Better give a high enema of hot saline solution. Elevate the pelvis and throw the water well up into the bowel with a colon tube. Give small doses of strychnine or brucine every three hours and three times a day atropine enough to flush the capillaries and relieve local congestion. In cases of fecal impaction we have been told that an enema of a pint of kerosene breaks up the mass quite speedily and gives relief without pain or danger; but as yet we have never ventured on it. Many of these obstructions are spasmodic and give way to atropine, which is the most promising remedy in all such cases. The general rule in intestinal obstructions is to use anodynes freely and avoid purgatives. Morphine is usually employed but whatever good it does is much better obtained from the more powerful atropine. Invert the child when giving the enemata, and repeat them several times a day.—Ed.



QUERY 4758:—"Uricemic Headache." Patient, 49 years, male, of good habits, suffers from frequent headaches, some-

times in back of head, also behind ears, often in front, aching and burning of eyeball at times, sometimes dull backache, constipated habit, intestinal indigestion with flatulency. Uric acid strongly indicated. Cold extremities, sometimes "burning" of feet, general depression and despondency with nervousness, difficulty, at times, in sleeping.

J. W. F., South Carolina.

The patient suffers from intestinal auto-toxemia and uric-acid retention. You can put him on his feet by eliminating waste products and restoring normal digestive and excretory functions. Give calomel gr. 1-6 and jalapin, gr. 1-67 half hourly for six doses from 7. p. m. and the next morning on awakening let him take a teaspoonful of saline in a glass of hot water. Repeat this treatment, reducing the night medication to four doses, twice a week for three weeks; then weekly for a month or so. Between meals give calcium carb. with colchicine with a glass of water (barley water is preferable). Give veratrine for arterial tension. Diet with some care: order fruit cereals, fresh fish and vegetables, little meat and that fresh and broiled or roast. No fat or salt food and avoid the frying-pan.—Ed.



QUERY 4759:—"Cancer of Nose; Conduragin." I desire to know something of your individual experience with conduragin in the treatment of cancer. I see it praised in the CLINIC for cancer of the stomach. I have a case of cancer of the nose. The tumor was absorbed several years ago by the internal use of sulphide of calcium, but there remains superficial ulceration which I have failed to heal. Am using specific calcium externally and continuing the calcium internally. The ulceration is over one side of nose, dips in around the lachrymal sac, but has not destroyed it. I want to know if you would advise the use of



Barium chloride up to 3 grains a day, causes elevation of vascular pressure differing greatly in individuals.—Tabora.

New edition of Robinson's Abdominal Brain in press. Have you ordered your copy yet? A great work.

condurangin in such a case, either internally, externally, or both.

C. F. G., Ohio.

Condurangin has certainly cured some cases of gastric cancer, and out of hundreds treated with it none remained unbenefited. It certainly acts locally, and nothing is gained by giving it internally. Reports are wanting as to its use in epitheliomas, but there is no known reason why it should not be equally beneficial here. Apply a tablet daily, rubbed into powder, after cleansing the surface and removing dead tissue with the curette; and continue a month before deciding as to the effect—it is not a rapid remedy.—ED.



QUERY 4760:—"Comparative Strength of Echinacea Tablets." What proportion do the tablets, $\frac{1}{2}$ grain each, of echinacea hold to 10 drops of the extract; or how many tablets to a dose equal to 10 drops of the tincture?

F. W. M., Utah.

Each tablet of the concentration of echinacea equals five minims approximately of the fluid. From two to three tablets are given at a dose usually, though we often give four tablets every three hours in cases of acute sepsis. Personally we have found the tablets of echinacea as effective as the fluid preparations, as also have many of our friends. We should be pleased to have your experience, as it is very desirable to settle once and for all, the comparative value of the concentration and the fluid extract of this drug. As you are aware there is no satisfactory alkaloid available, nor can we get an active principle which represents thuja at present. Both of these are very valuable remedies and we desire all the information we can obtain regarding them.—ED.



Tabora prefers barium chloride in slight cardiac insufficiency, myocarditic, or valvular, compensation troubled.

QUERY 4761:—"Nuclein in Estivo-Autumnal Fever." Has nuclein been used in estivo-autumnal fever and if so with what results?

M. F., Alabama.

In such cases give ten minims of nuclein on the bucal mucosa, morning, noon and night for the first three days, then ten minims morning and night. If you use it hypodermically give 20 minims once daily and 10 minims per os twelve hours later or, if you can conveniently give hypodermics twice a day use fifteen minims morning and night. Nuclein has been used in estivo-autumnal and all other malarial fevers with good results; in fact, it should be used in all acute systemic invasions. Quinine, of course, or the triple arsenates would be indicated. You cannot do better than give the triple arsenate granule two, three times daily after meals, maintaining intestinal asepsis with the sulphocarbolates and hepatic activity with small doses of calomel, podophyllin and leptandrin followed by salines. This treatment, if carried out faithfully will promptly dispose of the disease.—ED.



QUERY 4762:—"Aneurism of Aorta." Suggestions please for help in aneurism of the descending aorta.

Absolutely the first essential is the reduction of fluids to the lowest point compatible with health. Reduce the bulk of the blood and you lessen tension while retaining all the nutritious value.

G. P., Ohio.

To lower blood tension nothing equals veratrine, one granule, together with a small dose of potassium iodide; for pain small doses of hyoscyamine. The triple arsenates seem to be beneficial, and, to lower blood pressure generally, aconitine may be used with caution with strontium iodide. The writer likes to add cactin

The *Revista Medica Hispano-Americana* is a new medical paper published at 132 Market St., Chicago, for Spanish Americans.

to any treatment, this drug having a distinct and profound tonic action upon the heart muscle. If we knew more of the case and condition of patient we might be able to be more helpful.—ED.

QUERY 4763:—"A Chance for a Toxicologist." I want to ask you a question like this: What organ or gland is it in a man that causes poison to take effect on his system when he takes it by mouth?

D. P., Tennessee.

Poisons are eliminated by the liver, and this is supposed to be the reason bile is bitter, since pure bile is not. So if the patient is poisoned it is the fault of the liver; and that is as near as any answer that can be given your question as expressed. Sajous would doubtless say that all poisons act upon the system composed of the adrenals, thyroid and anterior pituitary body—and that may be the reply for which you are fishing.—ED.

QUERY 4764:—"Trauma or Angina Pectoris?" J. D., age 60, male; in spring of 1904 had an attack of sciatica, which kept him confined to the house about a month, but which troubled him more or less for two months after he got around. In August he was picking apples and fell out of a tree about ten feet, bruising the left leg but not fracturing either of the bones so far as I could make out. Shortly after this he began to feel some pain in the chest, but not of a very severe character. On December 23, 1904, I was called hurriedly and on arriving found the patient writhing with a severe pain in chest, shortness of breath and covered with perspiration. I concluded almost at once that it was a case of angina, and gave him nitroglycerin, gr. 1-100 dissolved on tongue; another one in 10 minutes more gave almost complete relief. Present condition: Appetite good, digestion good, bowels regular, nerve reflexes

normal. Patient is not "nervous" at all. Urine has been somewhat excessive in quantity, but now is about normal. No sugar, albumin, nor casts. Specific gravity 1010, urea .02 grammes per Cc. Heart action regular; sometimes it is somewhat laborious and the pulse bounding. Some arteriosclerosis. The attacks of pain come on more frequently at night and independent of any excitement. The pain is all across the chest and sometimes run out into the arms. The glonoin always gives relief. In addition to this, which he takes when the pains come on, he takes the following:

Nitroglycerin, gr. 1-30; digitalin, gr. 1-3; strychnine sulph. gr. 1-2; syr. aurantii, ad oz. 4. Sig., teaspoonful three times a day.

He lives on a simple diet and does not do any work, in fact hardly goes out of the house. Am I right in my diagnosis?

A. F. W., New York.

We fear that there has been some diaphragmatic lesion. Are you sure that there is not a partial fracture of some rib, a splinter of which has pierced the lung, setting up an abscess? Several such cases are recorded in which pain was not constant. Angina might come on in this way, but the fall would seem to have been the origin of trouble in chest. Make a very careful examination; percuss closely and go over each rib for tender areas. If your very excellent treatment relieves him continue it. Aspidospermine and cactin, one granule of each, and cannabin tannate, two, morning, noon and night, repeating if pain occurs at night, might be more efficacious. Should this prove to be true angina pectoris, have the patient have a few perles of amyl nitrite in the house and instruct him to inhale the fumes from one broken in a handkerchief, on appearance of spasm. This will relieve more promptly than anything.—ED.

Barium can not replace digitalis in grave circulatory troubles, and may be harmful in marked cardiac weakness.—Tarbor.

Lanphear has reported another successful Cesarean section, saving mother and child, but the fate of the old man is not given.



R Clinical medicine

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